4/10/11

City and County of the City of Exeter.

ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH

FOR 1952

E. D. IRVINE, M.D., M.R.C.S., D.P.H.,
Medical Officer of Health.

Besley & Copp, Ltd., Courtenay Road, Exeter.

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INDEX

Page

Accidents 15
Ambulance .... 77 to 79

B.C.G. Vaccination against Tuberculosis 82
Birth Control 72
Blood Examinations in Pregnancy 89

Cancer .... 20 to 22
Care of Mothers and Young Children .... 63 to 68
Child Neglect .... 107 to 112
Children's Committee 59
Committees 7, 8

Day Nurseries 66
Dental Work .... 68 to 72
Disinfestation 41
Domestic Help Service 85, 86
Domiciliary Midwifery .... 70 to 72

Factories, etc. 43, 44
Fertilizers and Feeding Stuffs Act 1926 40
Food and Drugs Act, 1938 .... 45 to 47
Food Poisoning 48

Health Centres 63
Health Education 82, 84
Health Visiting .... 72 to 74
Home Nursing .... 74 to 76
Housing .... 23, 35 to 37

Illness Generally 84, 85
Immunisation 76, 77
Infantile Mortality 16, 17
Infectious Disease .... 48 to 59

Laboratory Work 23

Mass Miniature Radiography 81
Maternal Deaths 16
Medical Examinations made on behalf of Council 59
Mental Health Services .... 86 to 89
Mortality in Child-bearing and Infancy 16
Municipal Ante-natal and Post-natal Centres 63, 64

National Assistance Acts, 1948 and 1951 59
Nurses Agencies Regulations 23
Nurseries and Child Minders Regulation Act, 1948 68
Nursing Homes 22

Occupations 13
Ophthalmia Neonatorum 66
Orthopaedic Treatment 66

Premature Infants 67
Prevention of Illness, Care and After Care 79
Provision for Unmarried Mothers 67

Rag Flock and Other Filling Materials Act, 1951 .... 40, 41
Relaxation Classes 64
Rodent Control 37, 38

Sanitary Administration .... 28 to 47
Sanitary Work, details of .... 41 to 43
Sewerage 27
Staff .... 9 to 11
Statistics—general and vital .... 12 to 19
Still-births .... 17 to 19
Survey of Local Health Services .... 60 to 63

Tuberculosis .... 79 to 83

Water Supply .... 24 to 27

Vaccination 96
Venereal Disease 83

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

To the Chairman and Members of the Health Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my annual report on the health of the city and on the work of the health department during the year 1952.

I have divided the report into two parts, the first including a consideration of the vital statistics, the environmental and sanitary circumstances of the city, housing, the control of infectious disease, and miscellaneous other matters ; in this section naturally falls the chief sanitary inspector's report. The second part deals with the Council's duties under the National Health Service Act, 1946, and the inter-relationships with the other major bodies administering this Act in the city, namely the hospital authorities and the Executive Council ; all the tables relative to this section have been grouped together at the end. Those interested in the figures may easily refer to them, whereas others, by no means few in number, who do not like figures may find it easier to read the general text without them. As an appendix, I have included an account of the work of the Committee on Child Care, set up in accordance with the Council's instructions, with myself as the co-ordinating officer, and covering the period from November 1950 to June 1953.

During 1952 the mid-year population increased slightly to 76,600. The birth rate was 14.4, a low rate, unfortunately. The health of the city was satisfactory. The death rate was low ; the infant mortality rate was low ; the combined neo-natal mortality and still birth rate (measuring adverse factors during pregnancy and childbirth) was the lowest on record ; the tuberculosis mortality was low ; the new claims for sickness benefit in the area (larger than Exeter) ran steadily at a " normal " level without any disagreeable rises ; and the infectious diseases were generally not troublesome. There was no outbreak of influenza and although scarlet fever, dysentery, infectious hepatitis (jaundice) and whooping cough were all rather prevalent, the cases were not severe ; there were no cases of diphtheria and only two of poliomyelitis notified.

Continuing attention has been paid to the hygiene of food preparation and sale in canteens and food shops. The Chief Sanitary Inspector details some interesting work in which was elaborated a simple technique of ascertaining the efficiency of washing methods in relation to crockery, etc. Similar methods have been recently, independently, devised elsewhere. Of course, food preparation in the home should be also carried out as hygienically as is possible without becoming over-fussy.

Discussions about the desirability of constructing a new abattoir were continued.

Health and welfare in offices and non-industrial premises are now arousing interest. A Committee of Enquiry under the Chairmanship of Sir Ernest Gowers reported on this subject (as well as on safety in these premises and on shop hours) in 1949. It is understood legislation is proposed to give effect to certain of the recommendations made. The Committee will know, that in all factories where power is not used, your health department supervises the premises in regard to certain hygienic aspects including cleanliness, overcrowding, temperature, ventilation and sanitary conveniences. It seems abundantly clear that any similar requirements in respect of offices and non-industrial premises should be carried out by the local authority and through its health service.

Dr. Whittles, with the help of the Public Health Laboratory Service, in an interesting enquiry regarding the dysentery cases has shewn that 1/3 of the cases were regarded as no longer infectious after ten days, and 3/4 were clear by the end of a month from the onset.

Turning to the personal health services, relationships with consultants and general practitioners, as well as with the other hospital staff, hospital authorities and the Executive Council are most satisfactory. Most people think of the National Health Service as being only the work of the general practitioners, some as the work of hospital service and very few as if it be any concern of the local health authorities. But unless all these groups, and the Ministry of Health, are working closely together it will be a disjointed, unbalanced and wasteful effort.

The work of the health department, in the National Health Service, is set out in the pages of this report. What most needs development, because it is a new field, is the mental health service. Though much good is being done, more could and should be done. We have no psychiatric social worker (though it is not for the want of trying to get one), no therapeutic clubs, the occupation centre (the staff of which is doing excellent work) is in a very unsuitable building and we have no industrial centre for the older defectives. The Council were right to start the occupation centre in the only premises which could be obtained at the time : we now have over 30 children attending with an immeasurable relief in the circumstances of their families, and an extraordinary improvement in the children themselves. The Health Committee has agreed that more suitable premises are necessary and I hope it will not be long before its wish is realised.

During the year it was decided to close one day nursery. I am glad to say that it seems likely that special hostel provision for mothers and illegitimate babies will be provided in the near future under voluntary auspices. During 1952 toddler clinic sessions, a child welfare centre in Countess Wear, a limited laundry service for old people and whooping cough immunisation were added to the City's health services : the ante-natal clinic sessions were reduced in number. Mass miniature radiography continues to play a useful part in detecting active tuberculosis, not least, in the older school children.

I greatly regret having to record the death of Mr. T. Coates who had been a Sanitary Inspector in the Department for 27 years. He always did his work courteously, without fuss and efficiently.

Many people contribute to the success—and I believe I am justified in using that word, even though the battle against disease, ignorance, poverty, indolence, fecklessness, unhappiness and maladjustment is never won in any absolute sense—of the health department. The Council have always shewn understanding of our problems, and I am indebted to you Mr. Chairman, Ladies and Gentlemen, for your sympathetic reception of proposals intended to benefit the health of the people. Many voluntary societies, and the voluntary workers in the clinics help greatly. The Chief Officers of the Council have all assisted me in every way possible. My staff, professional and others, have carried out their duties with a strong sense of the social importance of their work, and I am grateful to them for their loyalty to me, to the Council and to the public. The doctors of the city have always been helpful. The Press has shewn an enlightened outlook on public health. Above all it is the people themselves who matter, not alone because it is their health, our health, we are trying to maintain but because unless they are enlightened, receptive and co-operative, all our efforts in the personal health field are likely to be vain, and all our efforts in the environmental field subject to frustration and delay. Health education has as its basic lesson this thought : that to lose health is the dearest way to learn its value ; to recover it is harder than to preserve it.

I am,

Your obedient servant,

E. D. IRVINE.

August, 1953.

CITY AND COUNTY OF THE CITY OF EXETER

Health Committee.

Mayor—

R. Wayland Smith, Esq.

Chairman—

Councillor Lt. Col. R. H. Creasy.

Deputy Chairman—

Councillor J. A. Graves.

Alderman W. T. Baker.
Alderman H. C. Pedrick.
Councillor H. T. Bishop.
Councillor P. F. Brooks.
Councillor W. H. Butcher.
Councillor T. B. H. Chappell.
Councillor J. Coombes.
Councillor C. C. M. Force.
Councillor Mrs. P. Goodman.
Councillor R. Howard.
Councillor H. T. Howe.
Councillor Mrs. M. Nichols.
Councillor Major A. S. Powley.
Councillor G. Pring.
Councillor A. J. Record.
Councillor C. Rew.
Councillor A. H. Roberts.
Councillor H. Smale.
Councillor G. J. E. Tomlinson.
Councillor E. C. L. Tozer.
Councillor S. H. Trott.
Councillor S. W. Woodcock.

Co-opted Members—

Mrs. Balkwill.
Mrs. M. Collings.
Dr. A. H. G. Down.
Mr. W. H. B. Hawken.
Mr. A. C. Milton.
Dr. J. Russell.
Mr. W. J. Selley.
Mrs. S. J. Smith, j.p.
Mrs. B. Steele-Perkins.
Mr. H. F. Tapp.

Town Clerk—C. J. Newman, Esq., o.b.e.

SUB-COMMITTEES.

GENERAL PURPOSES.

Chairman—

Councillor J. Coombes.

Deputy Chairman—

Councillor Major A. S. Powley.

Alderman W. T. Baker.
Councillor T. B. H. Chappell.
Councillor H. T. Howe.
Councillor G. Pring.
Councillor A. J. Record.
Councillor G. J. E. Tomlinson.
Councillor S. H. Trott.

Co-opted Members—

Dr. A. H. G. Down.
Mr. A. C. Milton.
Mr. W. J. Selley.
Mr. H. F. Tapp.

together with the Right Worshipful the Mayor of Exeter and the Chairman and Deputy Chairman of the Health Committee—*ex-officio.*

MATERNITY AND CHILD WELFARE.

Chairman—
COUNCILLOR MRS. M. NICHOLS.

Deputy Chairman—
COUNCILLOR S. W. WOODCOCK.

Alderman H. C. PEDRICK.
Councillor P. F. BROOKS.
Councillor C. C. M. FORCE.
Councillor MRS. GOODMAN.
Councillor R. HOWARD.
Councillor H. SMALE.

Co-opted Members—
MRS. BALKWILL.
MRS. M. COLLINGS.
MR. W. H. B. HAWKEN.
MRS. S. J. SMITH, J.P.
MRS. B. STEELE-PERKINS.

together with the Right Worshipful the Mayor of Exeter and the Chairman and Deputy Chairman of the Health Committee—*ex-officio.*

MENTAL HEALTH.

Chairman—
COUNCILLOR J. A. GRAVES.

Deputy Chairman—
COUNCILLOR LT. COL. R. H. CREASY.

Councillor H. T. BISHOP.
Councillor W. H. BUTCHER.
Councillor C. REW.
Councillor A. H. ROBERTS.
Councillor E. C. L. TOZER.

Co-opted Members—
DR. A. H. G. DOWN.
DR. J. RUSSELL.

together with the Right Worshipful the Mayor of Exeter.

STAFF.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

(*a*) **Medical.**

Medical Officer of Health and School Medical Officer.
Edward D. Irvine, M.D. (Liv.), M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health and Assistant School Medical Officer.
J. H. Whittles, T.D., B.SC., M.D. (Lond.), M.R.C.S., L.R.C.P., D.P.H.

Assistant Medical Officer of Health and Senior Assistant School Medical Officer.
*Jessie Smith, M.B., CH.B., D.P.H. (Leeds).

Assistant Medical Officer of Health and Assistant School Medical Officer.
Iris V. I. Ward, M.D. (Lond.), M.R.C.S., L.R.C.P., D.C.H.

Medical Officer, Ante-Natal Clinic (part-time).
Bertha Hinde, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P.

Chest Physician (part-time).
Robert P. Boyd, M.B., CH.B., D.P.H. (Glas.), F.R.F.P.S.G.

Senior Dental Officer.
*Clifford A. Reynolds, L.D.S. (Eng.), (To 8.11.52).

Dental Officers.
*M. Radford, L.D.S. (Eng.)
*J. B. W. Edwards, B.Ch.D. (Leeds), L.D.S., (From 1.4.52).

(*b*) **Others.**

Chief Sanitary Inspector and Officer under the Food and Drugs Adulteration Act, etc.
†F. G. Davies, M.R.S.I., A.M.I.S.E.

Deputy Chief Sanitary Inspector.
†D. Maynard.

Assistant Sanitary Inspectors.
†T. Coates, (Died 12.5.52)
†A. C. Lewis.
†G. C. Hopkins.
†R. Pickford.
†T. H. Heywood.
†D. Peckham, (From 4.9.52).

Public Analyst.
T. Tickle, B.SC., F.I.C.

Duties mainly in connection with the Education Committee.
All qualified sanitary inspectors and meat inspectors.

Superintendent Health Visitor.

‡Miss M. M. Foy, (To 27.8.52).
‡Miss A. C. Atkinson, (From 1.9.52).

Health Visitors and School Nurses.

‡Miss A. H. Edds.
‡Miss N. E. Smith.
‡Miss M. A. Grimm, (To 2.4.52).
‡Miss L. E. Wathen.
‡Miss M. L. Barrett.
‡Miss G. M. Bastow.
‡Miss M. A. S. Clarke.
‡Miss R. Cooper, (From 1.5.52).
‡Miss T. J. Wakefield, (From 1.9.52)
‡Mrs. E. Stannard, (Part-time).

Non-Medical Supervisor of Midwives.

‡Miss L. Reynolds (part-time).

Tuberculosis Visitor.

‡Miss A. Dawson.

Superintendent of Day Nurseries.

Miss C. Street, (To 30.9.52).
‡Miss A. C. Atkinson, (From 1.10.52).

Day Nurseries—Matrons.

Mrs. J. Eddy (Burnthouse Lane).
Miss J. Bryan (Buddle Lane).
Miss M. E. Edwards, (Paul Street), (Warden).

Organiser of Domestic Help Scheme.

Miss M. I. Humpherson.

Clerks.

E. S. Howells (Chief Clerk).
R. W. Stiles (Principal Assistant Clerk).
L. G. Godbeer.
F. J. Wreford.
G. A. Gibson.
G. H. Whitley.
E. R. Helyar.
R. Pettitt.
D. Rothero, (Temporary). (To 12.8.52).
A. F. Dumper, (Temporary). (From 6.8.52).
Mrs. M. M. Payne.
Miss E. M. Burridge.
Mrs. D. Marsden.
Miss D. M. Bowyer.
Miss M. Crabtree, (Part-time, Temporary).
Miss D. M. E. Barrow, (Part-time, Temporary).
Mrs. M. J. Grigg, (Part-time, Temporary).

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‡All are S.R.N., S.C.M. and H.V. Certificate.

(c) Mental Health Section.

Mental Welfare Officer and Authorised Officer.
R. W. STILES.

Authorised Officers.
L. N. CLARK.
MRS. L. BRUNT.

Occupation Centre.
Supervisor : MRS. A. M. HORTON.

PRINCIPAL OFFICERS (STAFF) OF VOLUNTARY ASSOCIATIONS ACTING AS AGENTS OF THE CITY COUNCIL.

EXETER MATERNITY AND DISTRICT NURSING ASSOCIATION.
Superintendent—MISS E. M. BRYANT.
Secretary—MRS. S. M. WALSH.

ST. JOHN AMBULANCE ASSOCIATION.
Organising Secretary—CAPTAIN F. G. IRELAND.

EXETER DIOCESAN ASSOCIATION FOR THE CARE OF GIRLS.
Social Worker—MISS P. M. KEVAN.

GENERAL STATISTICS.

Area in acres, 9,035 (according to Registrar-General's census 1951)

Population, Civilian, 76,600.

Rateable Value, £795,034.

Sum represented by a penny Rate, £3,265.

VITAL STATISTICS.

Live Births :—

Legitimate, total 1,032 ; male 520, female 512.

Illegitimate, total 69 ; male 34, female 35.

Stillbirths, 27 (18 male, 9 female).

Stillbirth Rate, 23.9 per 1,000 total (live and still) births.

Birth Rate, 14.4 per 1,000 population

Deaths, total 922 ; male 482, female 440.

Death Rate (recorded) 12.0 per 1,000 population.

Corrected (by the Registrar-General's area comparability factor) 10.8 per 1,000 population.

Maternal Mortality Rate, 0.9 per 1,000 total births.

Tuberculosis Mortality Rate 0.28 per 1,000 population (pulmonary 0.25, non-pulmonary 0.03).

Infantile Mortality Rate, 21.8 per 1,000 live births (legitimate 22.3, illegitimate 14.5).

Deaths from Measles (all ages)	Nil
,, ,, Whooping Cough (all ages)	2
,, ,, Gastro-enteritis and Diarrhoea (under 2 years of age)	Nil
,, ,, Diphtheria (all ages)	Nil

NOTIFICATION OF BIRTHS.

1,445 notifications of live births, including 394 referring to mothers not living in the city, were received during the year ; only 4 notifications were made by doctors or relatives, all the rest being made by midwives.

OCCUPATIONS.

The principal occupations in the city are in the distributive trades, engineering, clothing, hotel and catering, and building trades and in administration.

The following table (Table I) provides some statistical information covering a period of ten years :—

Table I.

MID-YEAR POPULATION.
(Registrar-General's estimates)

Year	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Exeter	68,520	68,180	69,070	72,910	74,160	75,150	76,590	77,260	76,200	76,600

BIRTH RATE.

Year	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Live Birth Rate : England and Wales	16.5	17.6	16.1	19.1	20.5	17.9	16.7	15.8	15.5	15.3
Live Birth Rate : Exeter	15.3	19.5	18.04	19.8	19.2	17.5	15.6	14.6	14.4	14.4
Percentage of illegitimate live births to total live births : (Exeter)	10.4	10.5	15.6	8.7	6.2	4.6	6.05	5.3	6.6	6.3

DEATH RATE.

Year	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
England and Wales ...	12.1	11.6	11.4	11.5	12.0	10.8	11.7	11.6	12.5	11.3
Exeter Crude	13.4	13.7	13.8	12.7	13.4	10.7	12.9	12.1	13.9	12.0
Exeter Corrected*	—	—	—	—	—	—	11.7	10.9	12.5	10.8

*Corrected by application of the Registrar-General's comparability factor (which is at present .9) ; this factor takes into account the age and sex distribution in the city as compared with that in the country as a whole.

The mid year population was estimated by the Registrar General at 76,600, a slight increase on the previous year's estimate and on the Census return in 1951, which was 75,479. The live birth rate at 14.4 per 1,000 was the same as in 1951 and lower than in the country as a whole.

The death rate per 1,000 of the estimated mid-year population at 12.0 (crude) and at 10.8 (corrected to allow for the age and sex distribution of the population in the city as compared with that of the population in the country as a whole) was markedly lower than in 1951 mainly owing to a decrease in the deaths of persons over 65 years of age. The deaths from cardiac and allied disorders, respiratory diseases and cancer all shewed a welcome decline from last year's figures. Only one death was ascribed to influenza. Tuberculosis mortality unfortunately rose ; there were 21 deaths, being 2 more than the low record in 1951 ; 19 of them due to pulmonary tuberculosis, as compared with 14 last year : non pulmonary tuberculosis deaths were down to 2, equal to the lowest on record.

Table II.

DISTRIBUTION OF DEATHS BY AGE† AND CAUSE.

REGISTRAR-GENERAL'S FIGURES 1952.

	Under 1		1—4*		5—14*		15—24*		25—44*		45—64*		65—74*		75 and over		Total		GRAND TOTAL
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Tuberculosis, respiratory	—	—	—	—	—	—	—	—	2	2	4	1	5	1	3	1	14	5	19
Tuberculosis, other	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	2	—	2
Syphilitic disease	—	—	—	—	—	—	—	—	—		1	—	—	—	—	—	1	—	1
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	1	2
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	1	2
Malignant neoplasm, stomach	—	—	—	—	—	—	—	—	—	—	6	3	6	3	8	6	20	12	32
Malignant neoplasm, lung, bronchus	—	—	—	—	—	—	—	—	1	—	7	2	4	3	1	—	13	5	18
Malignant neoplasm, breast	—	—	—	—	—	—	—	—	—	1	—	5	—	2	—	5	—	13	13
Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	2	—	4	—	—	—	6	6
Other malignant and lymphatic neoplasms	—	—	—	—	—	1	—	—	3	2	15	11	13	9	7	18	38	41	79
Leukaemia, aleukaemia	—	—	—	—	—	—	—	—	—	1	1	1	—	—	1	—	2	2	4
Diabetes	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	2	1	3
Vascular lesions of nervous system	—	—	—	—	—	—	—	—	2	1	14	13	14	18	25	48	55	80	135
Coronary disease, angina	—	—	—	—	—	—	—	—	3	1	33	3	24	14	22	22	82	40	122
Hypertension with heart disease	—	—	—	—	—	—	—	—	—	—	3	—	1	4	2	2	6	6	12
Other heart disease	—	—	—	—	—	1	—	—	1	1	4	6	16	15	42	79	63	102	165
Other circulatory disease	—	—	—	—	—	—	—	—	1	1	2	2	7	10	17	8	27	21	48
Influenza	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Pneumonia	—	—	1	—	—	—	—	—	—	—	2	2	5	5	3	6	11	13	24
Bronchitis	—	—	—	—	—	—	—	—	—	—	8	3	8	5	7	9	23	17	40
Other diseases of respiratory system	—	1	—	—	—	—	—	—	3	—	3	—	4	—	1	1	11	2	13
Ulcer of stomach and duodenum	—	—	—	—	—	—	—	—	—	—	1	1	2	—	1	1	4	2	6
Gastritis, enjeritis and diarrhoea	—	—	—	1	—	—	—	1	—	—	—	—	—	1	3	1	3	4	7
Nephritis and nephrosis	—	—	—	—	—	—	—	—	1	—	3	2	7	—	4	4	15	6	21
Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	—	—	3	—	12	—	15	—	15
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Congenital malformations	1	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2	1	3
Other defined and ill-defined diseases	9	7	—	—	—	1	1	1	1	2	12	12	9	9	13	12	45	44	89
Motor vehicle accidents	1	—	1	—	—	—	2	—	—	—	1	1	—	—	—	—	5	1	6
All other accidents	1	2	1	1	2	—	3	—	2	—	3	—	—	2	2	4	14	9	23
Suicide	—	—	—	—	—	—	—	—	3	—	—	2	1	1	1	—	5	3	8
Homicide and operations of war	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1	1	2
	13	11	3	2	2	4	7	4	24	12	127	73	130	106	176	228	482	440	922

Table III.

Deaths by Sex, and certain Age Groups.

	1952			1951			1950		
	Total	*Males*	*Females*	*Total*	*Males*	*Females*	*Total*	*Males*	*Females*
Deaths at :									
0—14	35	18	17	38	24	14	54	25	29
15—64	247	158	89	287	180	107	262	154	108
65 and over	640	306	334	735	327	408	622	267	355
	922	482	440	1060	531	529	938	446	492

Deaths at all Ages.

	1952	1951	1950
Cause :			
Infective	57	87	79
Cancer	152	180	143
Degenerative	500	564	514
Others	213	229	202
Total	922	1,060	938

In this table : "Infective" includes Causes 1—9 and 22, 23 and 27.
"Cancer" includes Causes 10—15.
"Degenerative" includes Causes 16—21 and 29.
"Others" all the rest of the 36 Causes given in the Registrar-General's short classification of causes of deaths.

One would imagine as the population ages (and Exeter's population is ageing) the deaths in the age range over 65 years would steadily mount, but this is not so : during the past seven years there has been a curious alternation year by year in the number of deaths in this group, but it is too early to say if this has any special significance.

ACCIDENTAL DEATH.

The Registrar General ascribed 29 deaths (19 males, 10 females) to accidental causes including 6 (5 m., 1 f.) to motor accidents. Falls (and fractures where the cause was not stated on the death certificate) accounted for 9 (4 m., 5 f.) ; drowning for 1 (m.) ; coal gas poisoning (accidental) for 1 (f.) ; suffocation for 3 infant deaths (1 m., 2 f.) ; only 8 of these accidental deaths were in persons over 65 years of age.

3 railway employees were killed in the course of their work in the city, but only 2 of these were Exeter residents. In the male working age group 15-64 there were 2 deaths from railway accidents as compared with 3 from motor vehicle accidents.

There were 2 other deaths (2 f.) in which a fracture or fall was recorded as an accelerating factor, and 1 death (1 m.) in which a motor vehicle accident was stated to be a contributory cause, but these were not assigned by the Registrar General as accidental deaths.

MORTALITY IN CHILD-BEARING AND INFANCY.

The following composite table (IV) gives useful information regarding child-bearing and infancy for the past 20 years :—

Table IV.

MORTALITY IN CHILD-BEARING AND INFANCY IN EXETER 1933 — 1952.

Year	Maternal Deaths	Maternal Mortality Rate	Registered		Live Birth Rate	*Stillbirths* Rate per 1,000 total births	Neonatal Deaths (i.e. under 1 month)	Deaths over 1 month and under 1 year	Infant Mortality Rate per 1,000 live births	Stillbirths and neonatal deaths
			Live Births	Still-Births						
1933	3	3.07	940	36	13.9	38.2	23	22	47.8	59
1934	3	2.8	1,021	42	15.1	39.5	27	30	55.8	69
1935	1	0.9	982	41	14.3	40.0	25	8	33.6	66
1936	2	2.09	915	42	13.3	43.9	29	28	62.3	71
1937	1	0.9	980	41	14.1	40.1	34	21	56.1	75
1938	1	0.9	1,010	48	14.6	45.3	32	25	56.4	80
1939	3	3.1	936	37	13.4	38.0	24	16	42.1	61
1940	2	1.8	1,012	37	13.7	33.7	26	15	38.7	63
1941	5	4.1	1,027	35	12.8	32.9	42	37	68.0	77
1942	3	2.7	1,065	31	14.4	29.2	32	21	49.8	63
1943	3	2.8	1,051	35	15.3	32.2	35	16	48.5	70
1944	8	5.8	1,334	36	19.5	26.3	32	27	44.2	63
1945	4	3.1	1,246	29	18.0	23.3	33	37	56.2	66
1946	4	2.7	**1,444**	42	**19.8**	28.3	45	25	48.5	67
1947	4	2.7	1,428	34	19.2	23.2	47	35	57.4	81
1948	2	1.5	1,316	42	17.5	30.9	**15**	9	**18.2**	57
1949	1	**0.8**	1,192	31	15.6	25.3	25	**5**	25.2	56
1950	1	0.9	1,130	**22**	14.6	**19.1**	28	8	31.8	50
1951	—*	—	1,098	33	14.4	29.1	24	9	30.0	57
1952	1	0.9	1,101	27	14.4	23.9	18	6	21 8	**45**

This year saw the combined figure for stillbirths and neonatal deaths down to its lowest figure, and to its lowest rate based on live and still births.

MATERNAL DEATHS IN 1952.

There was one maternal death in a mother aged 23 who died from septicaemia due to acute mastitis (breast abscess) late in the puerperium following her first pregnancy.

INFANTILE MORTALITY.

The Infantile Mortality Rates for 1951 were as follows :—

England and Wales	27.6
160 Great Towns, including London (census populations exceeding 50,000)	31.2
160 Smaller Towns (census population 25,000 to 50,000)	25.8
London	23.8
Exeter	21.8

Table V.

INFANT DEATHS IN 1952

Cause of Death.	Total	Neonatal		1st Year		M.	F.	Leg.	Illeg.	Post Mortem Exam. made	PREMATURE	Complications in Pregnancy.	Complications of labour.	Social circumstances unsat'y.	Place in family.									Housing unsatisfactory.
		Under 1 day	1–27 days	1–3 months	3–12 months										1st.	2nd.	3rd.	4th.	5th.	6th.	7th.	8th. or over	Not known	
Difficult Labour and Intra Cranial Haemorrhage	2	1	1	—	—	1	1	2	—	1	2	2	2	—	1	—	1	—	—	—	—	—	—	—
Congenital Abnormality	1	—	1	—	—	—	1	1	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Prematurity only	9	4	5	—	—	7	2	8	1	3	9	6	6	—	1	2	4	1	—	1	—	—	—	1
Lung Infection	4	1	1	1	1	1	3	4	—	2	1	1	1	—	1	1	1	—	—	—	—	1	—	3
Atelectasis ...	3	1	2	—	—	1	2	3	—	3	1	2	2	—	1	—	—	2	—	—	—	—	—	—
Accidental	3	—	—	1	2	2	1	2	1	2	—	—	—	—	1	2	—	—	—	—	—	—	—	—
Hypertrophic pyloric stenosis .	1	—	—	1	—	1	—	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Inattention at Birth	1	1	—	—	—	—	1	1	—	1	—	—	1	—	—	—	—	1	—	—	—	—	—	—
TOTALS	24	8	10	3	3	13	11	22	2	14	13	10	12	—	6	5	7	4	—	1	—	1	—	5

The following table shows the infantile mortality rate in Exeter for the past ten years compared with the country as a whole :—

Table.

Year	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
England and Wales	49	46	46	43	41	34	32	29	29.6	27.6
Exeter	48.5	44.2	56.2	48.5	57.4	18.2	25.2	31.8	30.0	21.8

Of the 24 children who died at ages under 1 year, 18 lived less than four weeks. Table IV (page ~~00~~) shews that though the 16 number of the neonatal deaths, as they are called, is declining, it is doing so slowly (although happily in 1952 the decline was quite considerable), whereas the deaths at ages over one month—6 this year—have shewn a dramatic reduction in the last 5 years, to less than a third of the rate previously experienced.

The infant mortality rate was 21.8 per 1,000 live births, a very welcome improvement on the figures for 1951. Of the 24 children under 1 year of age who died during the year, 18 lived less than 28 days (and in fact, less than 14 days). Difficult labour and intracranial haemorrhage, congenital deformity, and prematurity accounted for half of these neonatal deaths ; lung infection caused 2 neonatal deaths and 2 deaths among babies over 1 month old.

The number of *first* babies who died has dropped again.

VI & VII

STILLBIRTHS.

The tables (~~VII and VIII~~) set out the details of the 27 stillbirths *registered* during the year 1952, including 1 occurring in 1951 but registered in 1952. In round figures, two-thirds were of male children, one-third of females ; in half the cases the infants were immature (premature), i.e. weighed not more than 5½ lbs. at birth ; a third of all the stillbirths were in first pregnancies ; rather more than half of the infants were believed to have been alive at the onset of labour or very shortly before ; 10 of the mothers worked during the pregnancy but only 2 of them worked for more than 6 months. Rhesus incompatibility was regarded as a causal factor in 2 cases. Ante-natal care was adequate in all except for one mother who moved about a lot.

As shewn in the table the sum of the stillbirths and neonatal deaths in each year has declined fairly steadily over the last two decades, evidence that the wastage of infant life is lessening. This year the figure was a low record for Exeter. We do not, however, know how many pregnancies end before the seventh month as abortions, but 53 were known to the department as occurring in 1952.

Table VI.

STILLBIRTHS 1952 = 27 (14 Premature).

	WEIGHT		SEX					CAUSES									
			Male	Female	Home Delivery	Hospital Delivery	Presumed died before Labour (Macerated)	Congenital Abnormality	Birth Injury	Difficult Labour	Cord Compression	Toxaemia	Rhesus Incompatability	Pre-diabetic	Positive Wassermann	A.P.H.	Unknown
PREMATURE	3 lbs. 4 ozs. or under	4	3	1	1	3	3	—	—	—	—	—	1	—	2	1	—
	Over 3 lbs. 4 oz.—5½ lbs.	10	5	5	2	8	8	3	—	1	—	3	1	—	—	1	1
FULL-TERM	Over 5½ lbs.	13	9	4	3	10	1	—	3	1	3	3	—	1	—	—	2
	TOTALS	27	17	10	6	21	12	3	3	2	3	6	2	1	2	2	3

Post mortems carried out in 7 cases.

Table VII.

CAUSE OF STILLBIRTH	NUMBER OF THE PREGNANCY						
	First	2	3	4	5	6 and over	Unknown
Congenital Abnormality	2	—	—	—	—	1*	—
Birth Injury	1†*	1†*	—	—	1†*	—	—
Difficult Labour	1*	1	—	—	—	—	—
Cord Compression	1	1	—	—	—	1	—
Toxaemia	1	2	—	1	—	2	—
Rhesus Incompatability	—	—	—	1	1	—	—
Pre-Diabetic	1	—	—	—	—	—	—
Syphilis	2** (Twins)	—	—	—	—	—	—
A.P.H.	—	2	—	—	—	—	—
Unknown Cause	1	1	—	1	—	—	—
Total	10	8	—	3	2	4	—

*Post Mortem carried out. †Breech.

CANCER.

The South Western Regional Hospital Board and the Hospital Management Committees and the Local Health Authorities of the South Western area have met to discuss common action in cancer education through the region. The Health Committee discussed the matter on a number of occasions and finally decided in 1952 to initiate cancer education, limited in approach to women's organisations, and limited in content to information about cancer of the breast and womb, which are both accessible sites ; in such cancers early diagnosis is generally possible and early treatment is manifestly desirable. About 1,000 leaflets have been distributed. One address was given by the Medical Officer of Health to a well attended meeting of the Exeter Women's Free Church Council the members of which shewed a lively and highly intelligent interest in the subject. But it cannot be claimed that we have been very active in propaganda or that we have met with much response. Dr. Malcolm Donaldson of the Cancer Department St. Bartholomew's Hospital, London, and Dr. John Burton Medical Adviser of the Central Council for Health Education came to Exeter to address the doctors of the City and the County on the subject.

Cancer Statistics.

The following table shews deaths from cancer during the past ten years :—

Year	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Deaths	116	143	114	129	128	151	152	143	180	152

By the courtesy of Mr. Reginald M. Vick, I am able to shew the figures for new Exeter registrations at the Regional Cancer Bureau during 1952 ; they include all cases seen in hospitals and though not necessarily including all the cases that occur, it can be reasonably assumed that the great majority are registered. Registrations numbered 153, the highest number yet. The deaths, per contra, declined from last year's high figures.

The age groups, 60 years and over include 57% of all cases registered and 74% of all deaths. If we limit consideration to the over-70's we find 31% of all cases registered and 46% of all the cancer deaths are in this group. (Table VIII). Cancer is clearly a disease of later life.

The lung cancers *registered* shewed a sharp increase in the men as compared with 1951 : and the cancers of the digestive organs and peritoneum registered also shewed a sharp increase in both sexes.

Table VIII.

NEW CANCER CASES IN EXETER RESIDENTS REPORTED IN 1952.

	Site.								
Age.	Mouth and Throat	Digestive Organs and Peritoneum	Respiratory System	Breast	Genito Urinary including Uterus	Skin	Lymphatic Blood forming Organs	Other and Unspecified	Totals
	Male Patients.								
0—19	—	—	—	—	—	—	—	—	—
20—29	—	—	—	—	—	—	—	1	1
30—39	—	—	—	—	—	1	—	—	1
40—49	—	2	3	—	—	2	1	—	8
50—59	1	5	3	—	1	2	1	—	13
60—69	—	8	1	—	3	3	1	1	17
70 and over	3	6	5	—	4	9	—	—	27
Total	4	21	12	—	8	17	3	2	67
	Female Patients.								
0—19	—	—	—	—	—	—	—	1	1
20—29	1	—	—	—	—	—	1	—	2
30—39	—	2	—	—	2	2	—	1	7
40—49	—	1	—	7	3	—	—	1	12
50—59	1	1	—	6	8	2	—	3	21
60—69	1	9	—	5	4	2	—	2	23
70 and over	—	9	1	4	4	2	—	—	20
Total	3	22	1	22	21	8	1	8	86

This table shews the great significance of breast cancer in women and skin cancer in both men and women. Neither is difficult of recognition and the patient generally knows quite early that something is amiss.

Table IX shews the deaths during the year set out in the classification adopted by the regional cancer organisation ; this is different from that used by the Registrar General which is included in table II. But the number assigned in my office (149) is 3 less than that assigned by the Registrar General who has more information than I have about the cases.

Table IX.

CANCER DEATHS IN EXETER RESIDENTS IN 1952

Regional Cancer Organisation's Classification.

Age.	Mouth and Throat	Digestive Organs and Peritoneum	Respiratory System	Breast	Genito Urinary including Uterus	Skin	Lymphatic Blood forming Organs	Other and unspecified Sites	Totals
				Male.					
0—19	—	—	—	—	—	—	—	—	—
20—29	—	1	—	—	—	—	1	—	2
30—39	—	—	—	—	1	—	—	—	1
40—49	1	1	2	—	1	—	—	—	5
50—59	1	7	5	—	—	—	2	—	15
60—69	1	11	4	—	3	—	—	1	20
70 and over	—	20	2	—	4	—	1	1	28
Total	3	40	13	—	9	—	4	2	71
				Female.					
0—19	—	—	—	—	—	—	—	1	1
20—29	—	—	—	—	—	—	1	—	1
30—39	—	1	—	—	—	—	—	—	1
40—49	—	2	—	2	1	—	—	—	5
50—59	—	3	—	1	2	—	1	—	7
60—69	1	9	3	4	2	—	1	3	23
70 and over	—	24	2	7	5	—	—	2	40
Total	1	39	5	14	10	—	3	6	78

PUBLIC HEALTH ACT, 1936 — SECTIONS 187—195.

REGISTRATION AND INSPECTION OF NURSING HOMES.

Registered Nursing Homes.	*Beds.*
Argyll Road, Duryard (medical)	6
Belmont, 1, Baring Crescent (surgical)	9
Pennsylvania Nursing Home, 9, Powderham Crescent (medical)	10
Southcroft, 87, Heavitree Road (medical)	4
St. David's, 31, St. David's Hill (medical and surgical)	11
St. Olave's, 32, Bartholomew Street	4

NURSES ACTS 1943 & 1945—
NURSES AGENCIES REGULATIONS.

Registered Agencies (at the end of the year).

Exeter Trained Nurses Co-operation, 7, Colleton Crescent.
Exeter Nurses Co-operation, 52, St. David's Hill.

LABORATORY WORK.

The Public Health Laboratory Service (Director, Dr. B. Moore) undertakes the bacteriological examination of specimens for the department, and during the year 1,658 were examined. In years gone by it is pretty safe to say most swabs would have been throat and nasal swabs examined for diphtheria and haemolytic streptococci ; but now it is mainly in the search for dysenteries, food poisoning and other intestinal infections that the laboratory help us. About a quarter of all the swabs taken were positive : a considerable number were repeat specimens of known cases. Faecal and rectal swabs numbered 1,340 (about a quarter of which were positive), throat and nose swabs 257, and blood examinations for water works employees 17. In addition there were 89 examinations of samples of the public water supply, discussed on page ~~00.~~ 25.

Dr. Stewart Smith, Area Pathologist, Royal Devon and Exeter Hospital, examined blood samples of 770 expectant mothers for Rhesus incompatibility, a very important matter because it may cause serious or fatal disease in the baby and because it is necessary to know about it if ever blood transfusion for the mother becomes necessary ; at the same time blood grouping and any other evidence of constitutional disease is also investigated.

Dr. Moore and Dr. Stewart Smith have always been most helpful.

HOUSING.

The City Architect and the City Housing Manager have given me the following information about the housing position in the city. Details concerning the department's activities under the Housing Acts are set out in accordance with the Housing (Consolidated) Regulations 1925 and 1932, on page ~~000~~.35.

During 1952 there were 283 houses built and 6 rebuilt making the estimated total 18,856. Since the last war 2,185 houses have been built and 224 rebuilt. There were 2,858 applicants on the Council's housing waiting lists at the end of 1952.

SANITARY CIRCUMSTANCES.

PUBLIC WATER SUPPLY.

(I am indebted to the City Engineer and Surveyor, Mr. J. Brierly, for much of the following account of the city water supply).

The water supplied to the city and certain neighbouring authorities is river water purified in the Council's Waterworks. An estimated population of nearly 81,500 is supplied of whom 1,500 take the supply in bulk, and the average consumption is 47 gallons per day (as last year).

The water supplied to the area has been satisfactory in quality and quantity and there have been no restrictions in the supply. It is taken from the River Exe at Pynes and treated, as previously described in my report for 1951, except that breakpoint chlorination was suspended from 27th February until 20th October, and during this period the ammonia/chlorine process was used for sterilisation. The existing chlorinator having been found unsuitable for breakpoint treatment it was decided to install a more efficient machine, and this was brought into operation on 20th October, when " breakpoint " chlorination was resumed.

The average dose of chlorine during the period of breakpoint treatment was 1.85 parts per million ; the average dose of alumina over the year was .65 grains per gallon and, of lime, .37 grains per gallon.

Bacteriological examinations have been made of both the raw water and the water going into supply, the Public Health Laboratory Service (Director—Dr. B. Moore) examining 169 samples of which 80 were from new mains, building sites, etc. and 89 were of the water actually going in to supply for drinking purposes ; of these last, 72 were found to be in Class 1 of the Ministry of Health's classification : a treated supply should generally be in Class 1, i.e. without any presumptive B. Coli found in 100 millilitres of water. Investigation and usually further sampling is carried out when samples do not reach this standard ; dirty taps, etc. have been responsible for a number of poor samples. It has sometimes been very troublesome to secure satisfactory samples from newly laid mains ; we suspect the joint linings to harbour non-faecal B. Coli, but repeated hyperchlorination of the mains has generally proved successful.

The Council's Sewage Works Manager and Chemist (Mr. Hoyle) made 3 chemical analyses of both the raw and filtered

Table X.

EXETER PUBLIC WATER SUPPLY.

BACTERIOLOGICAL ANALYSES OF SAMPLES TAKEN IN 1952 : EXAMINED BY PUBLIC HEALTH LABORATORY SERVICE.

	No. of Samples	Presumptive B. Coli count per 100 millilitres				
		0	1-2	3-10	11-50	50+
WATER AFTER TREATMENT.						
(a) AT WORKS	23	23	—	—	—	—
(b) ON CONSUMERS' SUPPLY : DANES CASTLE RESERVOIR ZONE	38	23	4	7	3	1
INTERMEDIATE ,, ,, ...	15	15	—	—	—	—
MARYPOLE HEAD ,, ,, ...	5	4	—	—	1	—
BARLEY LANE ,, ,, ...	8	7	—	1	—	—
(c) OTHERS :— BUILDING SITES, NEW MAINS, ETC.	80	41	5	6	13	15
TOTAL	169	113	9	14	17	16

waters and 3 bacteriological examinations of the raw water and 3 of the filtered water.

Of 3 samples of the raw water examined by Mr. Hoyle, 2 showed traces of plumbo-solvent action. He also made 3 examinations of the water going into supply and none of these had any plumbo-solvent action.

The Public Analyst made 4 chemical analyses of the raw water and 3 bacteriological examinations of both the raw and filtered waters, and illustrative results are set out.

	PARTS PER 100,000			
	RAW WATER		FILTERED WATER	
	6/10/52.	20/6/52.	31/7/52.	6/6/52.
Chlorine as Chlorides	1.2	1.3	2.5	2.4
Nitrogen as Nitrites	trace	trace	nil	nil
Nitrogen as Nitrates	0.13	0.12	0.088	0.10
Saline Ammonia	0.0018	0.0024	0.004	0.006
Albuminoid Ammonia	0.0060	0.0048	0.066	0.0048
Total Hardness	5.8	8.6	10.40	8.60
Temporary Hardness	2.8	5.2	8.00	5.50
Permanent Hardness	3.0	3.4	2.40	3.10
Total Solids	9.0	13.0	12.40	11.20
Suspended Solids	0.2	0.5	nil	nil
Oxygen absorbed 4 hrs. 27°	0.075	0.08	0.061	0.060
pH.	7.2	7.3	7.5	7.4
Chlorine as free chlorine p.p.m.	—	—	0.30	0.20
Plumbo-solvency 24 hrs.	—	—	nil	nil
B. Coli, per 100 ml.	900	250	0	0
Streptococcus, per 100 ml.	10	5	0	0
Microbes : 72 hrs. at 22° per ml.	950	280	0	1
48 hrs. at 37° per ml.	85	35	0	3

PRIVATE DOMESTIC WATER SUPPLIES.

As usual, a survey of the wells in the city was made in 1952.

Number of known wells in the city used for domestic purposes		24
These are situated as follows :—		
Northern District	16	
Western District	5	
Southern District	2	
Eastern District	1	
Central District	0	
Number of farms, including 6 dairy farms, served by these wells		7
Number of dwellinghouses served by these wells		20
Number of persons served		100

A sample of water from each of these wells was taken by the district sanitary inspectors and examined by the Public Health Laboratory Service. The results were as follows :—

Presumptive Coliform. Count per 100 ml.	*Supplying :*		
		Farms :	
	Dwellinghouses	*Dairy*	*Others*
Less than 1	4	1	—
1 — 10	3	—	—
11 — 50	8	3	1
50+	5	2	—

Where the sample now proved unsatisfactory, but had not previously been found contaminated, a letter was sent warning the occupier to boil all water used for drinking purposes.

One house in the city previously served by a well has been connected to the mains.

A sample of water from one of the wells used by the employees of a commercial undertaking for drinking purposes proved to be unsatisfactory and a letter was sent asking that warning notices be displayed ; this was done, and the water was not in future to be used for drinking.

SEWERAGE.

The City Surveyor has kindly given me the following note :—

The alterations in the sewerage system included the laying of new pipes to relieve flooding in districts where experience has shewn that it is liable to occur during times of heavy rain. Further work of this nature will be required in the future. Repairs to old brick barrel sewers which had collapsed were also carried out, and at Countess Wear the foul sewer was extended to serve houses which had been on cesspits.

New main sewers were laid in the Vaughan Road area and the Central Areas, but no major alterations were carried out at the Sewage Disposal Works.

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR FOR THE YEAR 1952.

SANITARY ADMINISTRATION

General Summary.

Number of visits made during the year	13,856
Number of samples taken	1,322
Number of carcases inspected	39,869
Total weight of foodstuffs condemned	125 tons

SUPERVISION OF FOOD SUPPLIES.

During the year the emphasis was again placed on the inspection and betterment of premises where food and drink are served. The survey of licensed premises, together with school and factory canteens was completed and the inspectors continued to press for improvement in the other types of food premises.

1. *Licensed Premises.*

The survey of the licensed premises within the city indicated the need for improvements in connexion with the washing of glasses, disposal of spillage, etc., and following discussions with representatives of the various brewery companies, many of those suggested are now in hand.

(a) *Washing of Glasses, etc.*

Our survey showed that it was impossible, in the majority of the premises, to install double sinks for the washing of glasses as was suggested by the Catering Trade Working Party and it was agreed that the use of a suitable bactericide, by way of an automatic dispenser, would be acceptable. (The automatic dispenser is intended to give the correct dosage of sterilizer every time water is run into the sink for washing-up purposes).

I attach great importance to the use of these dispensers, which are cheap and simple to install, because it was found that even in those premises where a bactericide was provided, it was not used during rush-hours.

A number of houses were also found to have no supply of hot water available for cleansing purposes.

(b) *Spillage.*

At eight premises spillage was passed through a filter-cloth and returned to the barrels for re-service. This is an objectionable practice on hygienic grounds and is also disapproved by the brewers, who state they make allowance for loss by spillage. With the co-operation of the brewers it is hoped to stamp out this practice.

(c) *Beer Lines.*

It was found that all beer-lines were of stainless steel or other suitable material, but there were great differences in the cleaning procedure followed by the various tenants. It has now been accepted that lines and engines are cleansed at least weekly with a cleansing and sterilizing agent approved by this department.

(d) *Improvements.*

The details of improvements so far effected at the 87 licensed premises surveyed are as follows :—

Number of automatic dispensers fitted	16
Number of water heaters installed	11
Number of premises where the sanitary accommodation was improved	5

2. *School Canteens.*

After consultation with the director of education, it was arranged that periodic visits should be paid to the kitchens supplying school meals and to the various canteens where meals are taken.

The first inspection indicated that apart from some redecoration and the renewal of a few sinks and draining boards, the buildings and equipment were satisfactory, but the standard of dish-washing, etc. could be improved.

In order to demonstrate if the washing-up was efficient or not, a few pieces of washed crockery were selected at random and dusted with a powder composed of graphite, vegetable carbon, pumice and gum acacia. This powder adheres to anything which is greasy and offered convincing proof where the cleansing was inadequate.

We also found that several brands of detergent were in use, but the position has now been regularized and one detergent-sterilizer is used.

Lectures on Food Hygiene were also given to the kitchen staffs and I am pleased to record my appreciation of the enthusiastic co-operation of members of the education department. A very satisfactory standard of hygienic practice has been reached and is being maintained in the kitchens.

3. *Factory Canteens.*

Factory canteens have been treated in the same manner as school canteens and, thanks to the willing co-operation of factory executives and catering contractors, steady progress is being made.

4. *Butchers' and Cooked Meat Shops.*

These were inspected on an average eight times each during the year and conditions were generally satisfactory.

5. *Market.*

There is one market in the city where fruit, vegetables, etc., are sold and 113 inspections were made during the year.

I have made representations that the floor of the market should be renewed and I understand that this is to be done, although the work must be spread over a number of years. There are adequate sanitary and washing facilities for stall holders.

6. *Food Premises Generally.*

The improvements effected in other food premises were as follows :—

Premises redecorated or repaired	52
Hot water supply installed and/or sinks fitted ..	18
Glass screens, cases, etc., provided	11
Refrigerated windows provided	1
Refrigerated display units provided	3
Metal-topped cutting tables provided and/or table-tops renewed	7
Glass-washing machines provided	1

7. *Survey of Washing Machines.*

During the year tests were made on the mechanical dish-washers in use in the city. The results indicated that with the exception of the fully automatic machine, in which the speed of the utensils passing through the machine cannot be varied, there was a tendency to rush utensils through at peak periods, with the results that the standard of dishwashing was then unsatisfactory.

Insufficient attention was given to checking the concentration of the detergents used and representations were made to the managements on these points.

8. *Meat.*

(a) *Abattoir.*

The conditions at the abattoir, which continues to serve the needs of a wide area, still cause grave concern.

The sanitary inspectors have to examine carcases, glands and offals under the greatest difficulties and the chronic congestion makes it impossible to eliminate the risk of contaminating sound meat. The preliminaries to slaughter cause the animals great distress and I cannot urge too strongly the need for more up-to-date premises.

The number of animals slaughtered and inspected, and the reasons for condemnation, are set out below in the form prescribed by the Ministry of Health :—

Table XI.

	Beasts.	*Calves.*	*Sheep and Lambs.*	*Pigs.*
Number slaughtered	6,907	7,124	23,739	1,756
Number inspected	6,910	7,130	24,001	1,828
Diseases except Tuberculosis				
Whole carcases condemned	47	115	318	52
Carcases of which some part or organ was condemned....	4,228	120	4,803	434
Percentage of number inspected affected with disease other than tuberculosis	60.2	3.3	21.3	26.6
Tuberculosis				
Whole carcases condemned	80	17	—	16
Carcases of which some part or organ was condemned....	883	2	—	199
Percentage of number inspected affected with tuberculosis	13.9	0.27	—	11.8

(b) *Congenital Tuberculosis in Calves.*

During the year, seventeen calves were found to be affected with congenital tuberculosis, as compared with twenty-six in 1951 : an incidence of 0.24 per cent.

The animal health division of the Ministry of Agriculture and Fisheries again collaborated in an endeavour to trace the dams, but, unfortunately, only eight were traced and slaughtered under the Tuberculosis Order, 1938.

It proved impossible to trace the dams of the remaining nine calves, mainly because the calves had passed through the hands of various dealers.

(c) *Cysticercus Bovis.*

This is the cystic stage of a tapeworm, Taenia Saginata, which is transmissible to man ; the regular inspection of all beef carcases for this parasite was continued during the year.

One was found to be infected to a minor degree.

(d) *Meat Transport.*

Following my representations, the vehicles used for the transportation of meat are now washed out daily and frequent inspections indicate a marked improvement. We are still, however, dissatisfied with the cleanliness of the clothing worn by the men. The main difficulty is that the haulage contractors supply the protective clothing, but stipulate that the men must arrange for the laundering of it. We have endeavoured to persuade the men to send the clothing to the laundry twice a week, but they complain of the cost and send it only once.

I have brought this problem to the notice of the Exeter Group Manager of the Road Haulage Executive, British Road Services, and also to the local secretary of the Transport and General Workers' Union, and I hope that a solution will soon be found.

9. *Milk.*

About ninety per cent. of the milk sold in the city is pasteurized and very little raw, undesignated milk is consumed. All children attending schools under the control of the city education authority are supplied with pasteurized milk.

(a) *Quality (Composition).*

The average composition of the milk sampled in the city during 1952 was : fat 3.91 per cent., solids-not-fat 8.98 per cent., as compared with an average during 1951 of : fat 3.72 per cent., solids-not-fat 8.85 per cent. ; and as compared with the legal minimum of 3% and 8.5% respectively.

The average fat and solids-not-fat content of the various grades of milk sampled proved to be as follows :—

Classification.	*No. of Samples*	*Fat*	*Non-Fatty solids (percentages)*
T.T. (Channel Island) (Farm Bottled)	4	4.48	9.46
T.T. (Farm Bottled)	17	4.02	9.03
T.T. (Channel Island)	3	4.71	9.3
T.T.	34	3.36	8.58
Pasteurized	43	3.46	8.93
T.T. (Pasteurized)	1	3.7	8.75
Ungraded	45	3.62	8.81

(b) *Bacterial Quality.*

The bacterial quality of the milk sold in the city, as shown by the following figures, is satisfactory.

School Milks (Pasteurized).

Number of samples taken	75
Number of samples satisfactory	75

Designated Milks, other than School Milks.

(i) *Pasteurized Milk.*

Number of samples taken	51
Number of samples satisfactory	51

(ii) *Tuberculin Tested Milk.*

Number of samples taken	18
Number of samples satisfactory	17

(iii) *Tuberculin Tested (Farm Bottled) Milk.*

Number of samples taken	139
Number of samples satisfactory	123

(iv) *Tuberculin Tested (Pasteurized) Milk.*

Number of samples taken	46
Number of samples satisfactory	45

(v) *Tuberculin Tested (Channel Island) (Pasteurized) Milk.*

Number of samples taken	23
Number of samples satisfactory	23

(c) *Biological Tests for Tubercle Bacilli.*

All pasteurized milks and all undesignated milks consumed raw in the city are tested quarterly for the presence of tubercle bacilli. Other milks are tested half-yearly.

During the year, 26 undesignated and 148 designated milks were sampled in this connexion and all samples proved negative.

(d) *Dairies.*

354 visits were made to the forty dairies in the city.

Extensive modernization and improvement in the plant of one of the larger dairies in the city took place during the year.

10. *Ice-Cream.*

(a) *Cleanliness.*

163 samples of ice-cream were taken during the year and gradings, according to the bacteriological standards suggested by the Ministry of Health were as follows :—

Grade I.	Satisfactory	52%	80%
Grade II	,, ...	28%	
Grade III	Unsatisfactory	14%	20%
Grade IV	,, ...	6%	

Grading of ice-cream, according to method of manufacture :

	Hot Mix. (158 *samples*)	*Cold Mix.* (5 *samples*)
Grade I	51%	80%
Grade II	28%	20%
Grade III	15%	—
Grade IV	6%	—

(b) *Quality (Composition).*

On the 7th July, 1952, the Food Standards (Ice-Cream) (Amendment) Order, 1952, came into operation. This Order, which was dictated by the shortage of milk powder and fats and the government's policy of avoiding a reduction in the supply of ice-cream, reduced the minimum fat and solids-not-fat content of ice-cream to four per cent. and five per cent. respectively. The average quality of the ice-cream sold in the city proved to be better than the standard laid down by law.

(c) *Manufacturers' Premises.*

There are now fifteen premises in the city where ice-cream is manufactured. These were visited on an average once a month and conditions generally were satisfactory.

(d) *Sale of Ice-Cream from Vans, etc.*

All street vendors use an approved sterilizing agent in the water used for washing servers, etc., and the five samples of rinse-water taken during the year proved bacteriologically satisfactory.

11. *Food and Drugs Act,* 1938—*Sampling and Legal Proceedings.*

During the year, 138 samples of milk and 103 samples of other foods were procured ; 109 were formal and 132 informal, and the table (Appendix " A ") shows the various commodities sampled.

Twenty-one samples of milk, four of ice-cream, five of sausages and two of double-strength Seidlitz Powder proved below standard. The action taken is shown in Appendix " B "

One firm was prosecuted for selling mouldy pies and fined £5 0s. 0d.

Anti-Smoking Tablets.

A sample of anti-smoking tablets was procured from a local distributor who consistently advertised in the local press. The tablets on analysis proved to contain no injurious matter, but in view of the claims made for the preparation, it was decided to refer the matter to the Pharmaceutical Society. They stated that the tablets should be labelled with a disclosure of the formula, in accordance with Section 11 of the Pharmacy and Medicines Act, 1941, and they undertook to make the necessary representations to the distributor.

12. *Washing Facilities in Public Conveniences.*

The free washing facilities provided in the new conveniences in Catherine Street have proved very popular and it is hoped that this service will be extended to other parts of the city.

13. *Labelling of Food Order,* 1950.

We continue to examine the labels of the various commodities on sale to the public, to ensure that they meet the requirements of this Order, but no false, extravagant or misleading claims were noted.

14. *Merchandise Marks Act,* 1926.

This Act was intended to enable purchasers to distinguish between home- or empire-produced goods and those of foreign origin. A number of orders-in-council were made under the Act, whereby the exposure for sale of certain imported foodstuffs was prohibited, unless the article bore an indication of the country of origin. The orders-in-council were suspended during the war, but many are now operative again. They refer to the marking of apples, tomatoes, poultry, eggs, etc., and over 775 explanatory leaflets were distributed during the year to butchers, grocers and fruiterers, etc. In addition, 199 inspections were made during the year, but apart from warnings, it was not found necessary to take any other action.

HOUSING.

Many of our citizens are still living in houses which are damp, poorly lighted and ventilated, and which lack amenities. Complaints come mainly from the younger people who rightly clamour for better accommodation. All too frequently upon marriage, they have to live with the parents of one or the other, and as children arrive there is great congestion and inconvenience.

Because under existing law living rooms must be counted as bedrooms, such families are often not statutorily overcrowded, but the average living room is used solely for daytime use and is much too small to be used for both purposes.

The older people seem more contented with their lot and in many cases this is due to their fear that the house in which they live might be condemned and that they will have to accept the tenancy of a council house with its comparatively high rent.

We do not know our actual housing needs and it cannot be determined until a comprehensive survey is made of existing accommodation, but with a waiting-list of nearly 3,000 (which includes nearly 900 new applicants registered during the year) there is still an obvious need for more and cheaper houses.

Table XII.

1. *Remedy of Defects during the year without the service of formal notices :*

   Number of dwellinghouses rendered fit in consequence of informal action 96

2. (A) *Proceedings under Sections* 9, 10 *and* 16 *of the Housing Act,* 1936 :
   - (i) Number of dwellinghouses in respect of which formal notices were served requiring repairs 13
   - (ii) Number of dwellinghouses which were rendered fit after service of formal notices :
     - (a) by owners 7
     - (b) by Local Authority in default of owners 3

   (B) *Proceedings under Public Health Acts.*
   - (i) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied .... —
   - (ii) Number of dwellinghouses in which defects were remedied after service of formal notices :
     - (a) by owners .... —
     - (b) by Local Authority in default of owners —

   (C) *Proceedings under Sections* 11 *and* 13 *of the Housing Act,* 1936.
   - (i) Number of dwellinghouses in respect of which Demolition Orders were made 4
   - (ii) Number of dwellinghouses demolished in pursuance of Demolition Orders 2
   - (iii) Number of dwellinghouses rendered fit in consequence of undertaking given by owner 1
   - (iv) Number of dwellinghouses in respect of which undertaking from owners accepted not to relet houses for human habitation 7

   (D) *Proceedings under Section* 12 *of the Housing Act,* 1936.
   - (i) Number of separate tenements or underground rooms in respect of which Closing Orders were made 2
   - (ii) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit 1

(E) *Housing Act,* 1936—*Overcrowding.*

(i)	(a)	Number of dwellings known to be overcrowded at the end of the year	57
	(b)	Number of families dwelling therein	96
	(c)	Number of persons	439
(ii)		Number of new cases reported during the year	39
(iii)	(a)	Number of cases of overcrowding relieved during the year	38
	(b)	Number of persons concerned in such cases	227
(iv)		Particulars of any cases in which dwellinghouses again became overcrowded after the Local Authority had taken steps for the abatement of overcrowding	1

3. *Rent and Mortgage Interest Restriction Acts.*

We received no applications for certificates of disrepair under the provisions of these Acts during the year under review.

RODENT CONTROL.

Complaints.

346 complaints were received during the year, and these were made up as follows :—

	TYPE OF PREMISES.			
	Agricultural and Business	*Private*	*Local Authority*	*Total*
Rats	56	114	53	223
Mice	27	84	12	123
TOTALS	83	198	65	346

Inspection and Treatment.

	Inspections.	*Treatments.*
Business	1,052	203
Private	3,569	704
Local Authority	750	155
	5,371	1,062

Sewer Treatment.

The bi-annual treatment of sewers, as required by the Ministry of Agriculture and Fisheries, was carried out in January and July.

In January, 203 manholes were treated and there were no "takes" in 114, partial takes in 24 and complete takes in 65. In July, 578 manholes were treated, and the results were as follows : no takes 465, partial takes 45 and complete takes 28.

There are approximately 2,600 manholes in the city and experience suggests that about ten per cent. of these are subject to recurring infestation. This is a considerable improvement on the position revealed when we commenced systematic treatment in 1946 and the evidence now indicates a large reduction of the rat population of the sewers.

During the year I received complaints from the city engineer and surveyor that dislodged baiting trays were causing chokages in sewers and it is intended to examine all manholes during 1953 to ensure that the trays are securely fixed.

Details of Operations.

Details of operations in the form required by the Ministry of Agriculture and Fisheries are set out below.

Table XIII.

	TYPE OF PROPERTY				
	Local Authority	*Dwelling houses*	*Agricultural*	*All others*	*Total*
Total number of properties in district ..	431	19,386	49	4,000	23,866
Number of properties inspected during year as a result of :					
(a) notification ..	18	198	5	73	294
(b) otherwise ..	47	615	5	327	994
Number of properties found to be infested by rats : (a) major ..	1	—	—	—	1
(b) minor ..	48	114	4	48	214
Number of properties found to be infested by mice	12	76	6	25	119
Number of infested properties treated ..	61	190	6	73	330
Number of Notices served :					
(a) treatment ..	—	—	—	—	—
(b) proofing ..	—	—	—	—	—
TOTALS	618	20,579	75	4,546	25,818
Number of cases in which default action was taken following issue of notices ..	—	—	—	—	—
Legal proceedings taken	—	—	—	—	—

Block control schemes carried out : 16

Smoke Nuisances.

During the year, investigations were conducted in four cases where complaints had been received of nuisances arising from smoke, grit or fumes and all were satisfactorily dealt with.

Noise Nuisances.

During the year we had occasion to investigate five complaints of nuisances arising from noise. Two of the complaints arose from the keeping of cockerels, one from the release of steam from a factory, another from a wireless set and the other from hammering during the construction of a greenhouse.

All of the complaints were justified and were remedied without great difficulty.

Plans of New Buildings.

We continue to collaborate very closely with the city architect's department on the perusal of the plans of new buildings. One hundred sets of plans were examined during the year and we paid particular attention to the ventilation of shops and basements being erected in the central area.

Cesspools, Etc.

During the year five houses with septic tanks and two houses with pail closets were connected to the sewer.

The overflowing of cesspools in Countess Wear Village again caused concern and following representations to the city engineer and surveyor, four houses were connected to the sewer and a sewerage scheme embracing the lower part of the village has been prepared. This scheme, estimated to cost £5,000 will include running a sewer along Mill Road to a pumping station, whence the sewage will be lifted to the main sewer in Countess Wear Road.

Representations have also been made for a scheme to be prepared for the sewerage of Higher Duryard. The city engineer and surveyor informs me that he is considering two schemes : the first involving the erection of a small purification plant behind the North side of Argyll Road ; the alternative being to lay a sewer to connect with one in Cowley Bridge Road. Whichever scheme is adopted it is hoped in the near future, the cesspits in Argyll Road will be eliminated.

Another area which causes anxiety is Little John's Cross Hill. Nuisance has arisen in the past from sewage running onto the main road and I am of the opinion trouble will arise in the future, more particularly because houses are still being built on the east side of the road.

The sewerage of this area will undoubtedly have to be considered in the near future.

FERTILIZERS AND FEEDING STUFFS ACT, 1926.

Samples.

The following samples were taken during the year :—

Fertilizers :

Basic slag ; chemical compound guano ; sulphate of ammonia ; Randall's complete garden fertilizer ; " Tomorite," muriate of potash, and Fison's superphosphate.

Feeding Stuffs :

Meat and bone meal ; linseed cake ; chicken biscuit meal, and " Isca " poultry food (baby chick mash, with C.L.O.)

The irregularities detected and the action taken were as follows :—

Fertilizers :

Basic Slag—No declaration regarding fineness of grinding. Letter sent to manufacturers pointing out that statutory statement did not mention amount of article that would pass through prescribed sieve.

Randall's Complete Garden Fertilizer—Phosphoric Acid (Insoluble in water) exceeded amount stated by 0.63%. Letter sent to manufacturers, enclosing copy of analyst's report and drawing attention to the irregularity. Reply received stating matter was being investigated and all steps would be taken to prevent recurrence.

Tomorite—Nitrogen exceeded amount stated by 0.9%. Letter sent to manufacturers, drawing attention to irregularity. Reply received stating matter was being investigated and all steps taken to prevent recurrence.

Feeding Stuffs :

Meat and Bone Meal—Percentage of oil exceeded stated amount by 1.7%. Matter referred to Ministry of Agriculture and Fisheries who advised that the small excess of oil did not warrant prosecution. A letter was accordingly sent to manufacturers notifying irregularity.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

The following samples were taken during the year :—

Rag Flock	3
Coir Fibre	2
Hair	2
Cotton Felt	2
Feathers	2
Woollen Felt	1

With the exception of one sample of feathers and the one of woollen felt, these samples were satisfactory.

In the case of the feathers, the impurities were found to be greater than those permitted under the Act, but it was ascertained that the feathers had been purchased before the present standard of cleanliness became law and following our representations the remaining stock was destroyed.

In the case of the woollen felt, the analyst reported that there was an excess of chlorine content and that the animal fibre content was low. The manufacturers were informed and they stated the material had been invoiced to the vendor as woollen *mixture* felt and the animal fibre content was therefore satisfactory. Further enquiries were made of the Vendor and it was found he had made an error in his register and as the excess of chlorine was not serious, no further action was taken.

GENERAL SANITARY INSPECTIONS, ETC.

Table XIV.

Bakehouses.

Number in city	24
Number of underground bakehouses in city	1
Number of inspections made	141
Number of contraventions found	4
Number of contraventions remedied	4
Number of contraventions outstanding at end of the year	—

Bed Bugs, etc.

Number of inspections made	107
Number of council houses :	
(i) found to be infested	18
(ii) disinfested by this department	18
Number of other houses :	
(i) found to be infested	30
(ii) disinfested by this department	30

Infested rooms are sprayed with a solution containing D.D.T. and verminous bedding is treated by steam at the disinfesting station.

Twelve nests of wasps, bees and hornets were destroyed during the year.

Cesspools.

Number emptied, cleansed, etc.	3

Cinemas, etc.

Number of cinemas, etc., in city	4
Number of inspections made (all satisfactory)	44

Closets.

Number of water closets repaired or reconstructed	15
Number of walls, etc., cleansed	2
Number of flushing apparatus provided, repaired or renewed	20
Number of new water closet pans or pedestals provided	22
Number provided with a supply of hot water	—

Drains.

Drains constructed or reconstructed	36
Tests to new drains	79
Tests to existing drains	116
Repaired or cleansed	67
New inspection chambers	16
Additional gullies	10
Sink waste-pipes repaired or renewed	6
Soil and ventilating pipes repaired or renewed	10

Offensive Trades.

Number of businesses in city	12
Number of inspections made	33
Number of contraventions found	—

Fried Fish Shops.

Number of fried fish shops in city	28
Number of inspections made	115
Number of contraventions found	4
Number of contraventions remedied	4

Infectious Diseases, etc., Disinfections.

†Number of visits re food poisoning, etc.	24
Number of rooms disinfected	136

†Routine investigations of infectious diseases are made by the health visitors.

Sanitary Defects Remedied.

(1) *Dampness* :

Number of roofs renewed or repaired	69
Number of rainwater gutters and pipes repaired	27
Yard Surfaces repaired or relaid	11
Yard drainage improved	—

(2) *Interior Work* :

Number of rooms cleansed and limewashed	20
Number of walls repaired	77
Number of floors repaired	35
Number of chimney stacks repaired or rebuilt	4
Number of firegrates repaired or renewed	21
Number of washboilers repaired or renewed	2
Number of ceilings repaired	28
Dampness remedied	30
Lighting remedied	—
Offensive accumulations removed	27

Table XV.

Factories (*including Bakehouses*), (*Factories Act*, 1937, *ss.* 1-7).

(1) INSPECTIONS for purposes or provisions as to health :

Premises.	Number on Register	Number of Inspections	Number of written notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	45	59	19	—
2. Factories not included in 1. in which Section 7 is enforced by Local Authority	392	442	76	—
3. Other premises in which Section 7 is enforced by Local Authority (exclud'g Out-workers' premises)	52	348	49	—
Totals	489	849	144	—

(2) Cases in which DEFECTS were found :

Particulars.	No. of cases in which defects were found.				No. of cases in which prosecutions were instituted.
	Found.	Remedied.	Referred		
			To H.M. Inspector.	By H.M. Inspector	
Want of cleanliness (S. 1)	2	1	—	—	—
Overcrowding (S. 2)	—	—	—	—	—
Unreasonable temperature (S. 3) ...	—	—	—	—	—
Inadequate ventilation (S. 4)	2	1	—	—	—
Ineffective drainage of floors (S. 6)	1	—	—	—	—
Sanitary Conveniences (S. 7) :—					
(*a*) Insufficient	28	22	—	1	—
(*b*) Unsuitable or defective	114	114	—	17	—
(*c*) Not separate for sexes	2	—	—	2	—
Other offences (not including offences relating to home work)	10	10	14	—	—
Totals ..	159	148	14	20	—

(3) List of OUTWORKERS :

NATURE OF WORK.	Number of Outworkers.
Wearing apparel (making, etc.)	39
Curtains and Furniture Hangings ..	8
Furniture and Upholstery	2
Church Embroidery	5
Jewellery repairs	1
Nets, other than wire nets	2
China repairs	1
TOTAL ..	58

APPENDIX "A"

SAMPLES TAKEN UNDER THE FOOD AND DRUGS ACT, 1938.

Milk	138	Desiccated Coconut	1
Ice Cream	53	Epsom Salts	1
Pork Sausages	8	Gin	1
Sausage	4	Glaubers Salts	1
Whisky	4	Glucose	1
Ground Coffee	2	Jelly Crystals	1
Pork Pie	2	Meat Extract	1
Potato Crisps	2	Medicament	1
Seidlitz Pdr. (Double Strength)	2	Orange Drink	1
Synthetic Cream	2	Processed Cheese	1
Angelica	1	Raisins coated with chocolate	1
Anti-Smoking Tablets	1	Rum	1
Barley Sugar	1	Self-raising Flour	1
Beer	1	Table Jelly Tablet	1
Boiled Sweets	1	Tomato Ketchup	1
Camphorated Oil	1	Uncooked Pastry	1
Chicken Noodle Soup	1		
Decolourized Tincture of Iodine	1	TOTAL	241

APPENDIX "B"

Food and Drugs samples reported below standard.

No. of Sample	Article	Adulteration	Action Taken
185	Sausage (Formal)	25% Whalemeat	Under Meat Products and Canned Meat (Amendment No. 2) Order, 1949, whalemeat must not be used in preparation of any meat products. Matter accordingly referred to Ministry of Food who decided not to prosecute owing to some ambiguity in the Order.
194	Milk (Informal)	6% deficient in fat	Followed up with formal samples which included Nos. 202 and 203.
202	Milk (Formal)	16% deficient in fat	Five samples, including these, were taken from the producer and showed the bulk consignment to be up to the required standard.
203	Milk (Formal)	35% deficient in fat	
208	Milk (Formal)	2% deficient in fat	Followed up with "appeal to herd" sample which was up to standard. In view of small fat deficiency it was decided not to institute proceedings and a warning letter was sent to the producer by the legal department.
222	Milk (Informal)	8% deficient in fat	Followed up with formal samples which included No. 225.
225	Milk (Formal)	13% deficient in fat	"Appeal to herd" samples showed milk was sold as it came from the herd.
230	Milk (Formal)	20% deficient in fat	Proceedings against producer were instituted, but case was dismissed by magistrates and defendant ordered to pay £5 5s. 0d. costs.
232	Milk (Formal)	16% deficient in fat	"Appeal to herd" sample indicated milk was sold as it came from the herd.
241	Sausage (Informal)	Not labelled as containing preservative. Contained 100 parts per million of sulphur dioxide.	Warning letter sent to Vendors.
249	Milk (Formal)	12% deficient in fat. Freezing point test indicated 2% added water.	Producer prosecuted and fined £15 and ordered to pay £2 2s. 0d. costs.

APPENDIX "B"—(*Continued*).

Food and Drugs samples reported below standard.

No. of Sample	Article	Adulteration	Action Taken
261	Ice-Cream (Informal) ..	10% deficient in sugar. 13% deficient in milk solids other than fat.	Followed up with formal sample No. 271.
268	Milk (Formal)	5% added Water	Vendor prosecuted and fined £10.
271	Ice-Cream (Formal) ..	10% deficient in sugar. 20% deficient in milk solids other than fat.	Vendor prosecuted and fined £5.
277	Ice-Cream (Informal) ..	30% deficient in fat	Followed up with formal sample which proved genuine.
285	Milk (Formal)	7% deficient in fat	Producer prosecuted and fined £5.
286	Milk (Formal)	32% deficient in fat ..	It was ascertained that the agitators were not working efficiently at the premises of the wholesale supplier. Proceedings were accordingly not instituted.
287	Milk (Formal)	34% deficient in fat ..	
288	Milk (Formal)	34% deficient in fat ..	
297	Milk (Formal)	12% deficient in fat	Other samples taken indicated that bulk consignment was up to standard.
314	Milk (Formal)	10% deficient in fat ..	Followed up with "appeal to herd" samples which indicated milk was sold as it came from the herd.
315	Milk (Formal)	25% deficient in fat ..	
342	Milk (Formal)	10% deficient in fat	Producer prosecuted but magistrates dismissed case.
343	Milk (Formal)	9% added water ..	Producer prosecuted and fined £3.
344	Milk (Formal)	6% added water ..	
2	Milk (Formal)	4% deficient in fat	Producer prosecuted but magistrates dismissed case.
6	Pork Sausages (Informal)	2% deficient in meat	In view of small deficiency it was decided not to institute proceedings and warning letter was sent to Vendor.
7	Pork Sausages (Informal)	3% deficient in meat	Warning letter sent to Vendor.
9	Seidlitz Powder (Double Strength) (Informal) ..	Consisted of Extra Strong Seidlitz Powder B.P.C.	Verbal warning given to Vendor.
18	Ice-Cream (Formal) ..	20% deficient in fat	Vendors prosecuted and fined £3 5s. 0d. and ordered to pay £1 15s. 0d. costs.
19	Pork Sausages (Formal) ..	2% deficient in meat	Warning letter sent to Vendors.
21	Seidlitz Powder (Double Strength) (Informal) ..	Consisted of Extra Strong Seidlitz Powder B.P.C.	Verbal warning given to Vendors.

INFECTIOUS DISEASE.

1952 was not a severe year considered in relation to the incidence of infectious disease. Whooping cough, dysentery and scarlet fever were rather prevalent. The age distribution of the cases followed the usual pattern. There were no cases of diphtheria.

FOOD POISONING.

1. *Local Authority.* Exeter County Borough. *Year.* 1952.

2. *Food Poisoning Notifications (corrected) returned to Registrar General.*

First Quarter.	*Second Quarter.*	*Third Quarter.*	*Fourth Quarter.*	*Total.*
1	Nil	10	Nil.	11

3. *Outbreaks due to identified agents.*

Total Outbreaks, 2 ; Total Cases, 5.

Outbreaks due to :—

(a)	Chemical Poisons	Nil.
(b)	Salmonella Organisms	2
(c)	Staphylococci (including toxin)	Nil.
(d)	Cl. Botulinum	Nil.
(e)	Other bacteria	Nil.

4. *Outbreaks of undiscovered cause.*

Total Outbreaks, Nil ; Total Cases, Nil.

5. *Single Cases.*

Agent identified.	*Unknown cause.*	*Total*
4*	2	6

*In three of these cases the agent was S. typhi-murium and in the other case it was a coagulase-positive Staphylococcus aureus.

Despite the city's apparent freedom from food poisoning outbreaks during 1952, we cannot be in the least content : much has been done and much remains to be done in regard to food handling, especially, of course, in made-up dishes, confectionery, etc., to make the risks of food poisoning remote. Dysentery is still with us, and although the method of spread in that disease is not yet clear, there seems little doubt that much of it is spread through faulty hygiene.

DYSENTERY. (Note by Dr. J. H. Whittles).

The total number of cases notified (after changes of diagnosis) in 1952 was 137.

The last weeks in December, 1951, saw the occurrence of a few cases of Sonne dysentery which, in effect, heralded an appreciable epidemic. In all, between 8th December, 1951, and April 9th, 1952, there were 122 patients notified including some carriers and also 4 cases notified between 8th December and 31st December, 1951. From April 9th, 1952, to the end of the year, 31 cases and carriers were found, but these were all of a sporadic nature and must be regarded as being apart from the epidemic. Of the 122 cases and carriers, 7 were found in a small outbreak in the Children's Ward and the Women's Ward of the City Hospital early in January, 1952, 4 of these being clinical cases (2 children, 2 women). Two negatives had been obtained from all the cases by the middle of the month. As known details are rather incomplete these seven are not discussed any further in this account.

Dysentery is a disease caused by micro-organisms and characterised by inflammation of the intestines. The symptoms include colicky pain, pain and straining on having the bowels worked, diarrhoea with blood and mucus (slime) in the stools; diarrhoea is the most constant symptom. Most dysentery in this country at present is due to an organism called Shigella Sonnei. In tropical regions amoebic dysentery is common, as is bacillary dysentery due to bacteria other than Shigella Sonnei. This epidemic was, in fact, an epidemic of Sonne dysentery which is often mild and rarely fatal, but can be very unpleasant and debilitating, and that is why the Health Department must control the spread of infection. People should understand that a mild infection in one person may spread to another with very much graver results.

In the acute stage, the stools contain large numbers of the bacteria and are highly infectious. They remain infective for a varying period during convalescence, but usually die out and the person then ceases to be a source of infection. This does not necessarily occur, and the person may continue to excrete dysentery bacteria for a long period although apparently quite healthy. Such a person is called a " chronic carrier." Also, a person may have picked up the infection without having shown any signs of the disease and may be passing dysentery organisms in the motions. It will readily be seen that these carriers are more dangerous to the community than the cases, for they mix freely with other people and disseminate their infection unknown to themselves or their contacts, while the cases, if sensible at all, stay at home and are treated with due care. It is obvious, therefore, that the Health Department must protect the community in four ways—(1) by confirming that the sufferer is under medical care, or if he is not (for example, mild cases who have not bothered to see their family doctor) advising him to seek medical attention; (2) by checking that contacts are not infected and capable of passing on their infection; (3) by checking that convalescent cases and carriers have ceased to be in an infective state; (4) by keeping a strict watch over food handlers, including milk handlers, as these bacteria can grow in milk. An important point to be noted here is that the carrier state can be intermittent, that is, while a convalescent case or a carrier may have had a negative stool, a subsequent specimen may be positive. As a practical test of cure which is adequately strict, this department accepts three consecutive negative specimens (usually at weekly or shorter intervals, but not of less than 3 days) as satisfactory. Whilst we work to general rules, we consider every case separately, balancing up the many factors involved. Thus a school child with dysentery is excluded from school, an adult with dysentery is put off work, carriers are dealt with in the light of circumstances and employment—a milk handler or food handler being put off work at once. Contacts are dealt with in the light of circumstances, that is whether a school child, nursery child, milk worker, food handler, etc. In all cases, a balance has to be struck between adequate protection on the one hand and on the other minimum interference with the economic activity of the community.

In all, 36 children of school age were affected. Of these, 10 were at the School for the Deaf and the remaining 26 were at 15 separate schools, the greatest number at any one school (an infants school) being 6. Once cases of dysentery or suspected dysentery were notified to the Health Department, a health visitor called at the houses and made enquiries as to the composition of the family, occupation, history of the illness with the dates of appearance of signs or symptoms in any of the members, the foods eaten and as to contacts. Child contacts were excluded from school, were investigated bacteriologically and were not returned to school until a negative result was obtained. If the child had a positive result, then the usual three consecutive negative results were required before it was returned to school, unless the absence was continuing an unreasonable length of time : the balance has to be struck between risk and safety. Those found to be positive, were referred to their private doctors for treatment, but this department continued its epidemiological control. Few of the cases were seriously ill, most having mild diarrhoea and abdominal pain and being off colour, whilst some were quite free from symptoms. 21 cases were admitted to the Isolation Hospital. There were no deaths.

10 cases occurred in the Royal West of England School for the Deaf, Topsham Road (1st April, 1952 to 6th April, 1952), all cases being removed to the Isolation Hospital. As the Easter recess was upon us, all parents were advised on appropriate precautions, and where it was necessary the Medical Officer of Health of the area in which the holiday address (usually the home) lay, was notified.

The West of England Eye Infirmary, the Royal Devon and Exeter Hospital and the City Hospital were affected by small outbreaks in December, 1951 and January, 1952.

Dr. Moore of the Public Health Laboratory Service examined the specimens and I am indebted to him for his very willing help. 115 cases bacteriologically positive between 8th January, 1952 and 9th April, 1952, were followed up and the time to clear the infection, i.e. from the onset to the date of the first of three consecutive negative stools was worked out. One case remains a chronic carrier sixteen months after the onset.

Using the standard of clearance already detailed, it was found that within ten days just over one-third of the cases had cleared up bacteriologically, within fourteen days just over one-half and within a calendar month over three-quarters. Symptoms had cleared up within a few days in most cases.

Table XVI.

DURATION OF INFECTIVITY.

Days of Infectivity from onset :	3	4	5	6	7	8	9	10	11	12	13	14	15	16	18	19	21	22	23	24	26
No. of cases ...	1	4	4	3	10	3	10	4	4	6	5	6	3	1	4	1	3	1	2	3	1
Days of Infectivity from onset	28	29	30	31	32	34	35	36	37	41	42	43	44	46	49	51	57	67	76	79	109
No. of cases	2	2	2	3	1	2	1	1	2	1	1	1	1	1	1	1	1	1	2	1	1

One has persisted as a carrier for sixteen months at least.

Number of relapses after first negative stool ..	59	cases.
Did not relapse after first negative stool	28	,,
Not known (e.g. refusal, moved, in hospital)	28	,,
TOTAL ..	115	,,

SCARLET FEVER.

237 cases of scarlet fever were notified during 1952. The incidence was heaviest in the first and fourth quarters, and there was a steady but lower incidence during the middle quarters of the year. The majority of cases were mild and there were no deaths in Exeter in 1952.

However, it must not be forgotten that over the past 300 years scarlet fever has waxed and waned in virulence from a devastating fever, as in the eighteenth century, to its present mild form. It is not inconceivable that it may change back to a virulent form and isolated severe cases do occur at the present time.

TYPHOID.

One case of typhoid fever occurred in Exeter during the year. Careful enquiry failed to show up the source of the infection. The patient made an uninterrupted recovery.

MALARIA.

A case of benign tertian malaria (plasmodium vivax) was reported in a temporary resident just returned on leave from Borneo. He had been engaged in outdoor work in a highly malarious area and had been under paludrine prophylaxis (two tablets per week), during which time he had suffered no attacks of malaria. This course of prophylaxis had been discontinued on landing in this country on 18.2.52. He went sick on 23.2.52 and under medical treatment made an uninterrupted recovery.

POLIOMYELITIS.

There were only 2 notified cases in 1952 both paralytic. No others were recognised. The first patient notified was a man aged 24 who sickened in September with acute meningeal symptoms and shewed (certainly within 36 hours) weakness of the left upper limb ; fortunately he made a good recovery. He had been hard at work digging trenches on the day of onset, so he must be accounted lucky to have recovered so well ; he was right-handed. The other patient, a girl aged 5, though notified in October and detected because of weakness of the right thigh and leg was believed to have been an unobserved case occurring in late July ; on admission to hospital she had definite wasting—she made a good recovery : she had had Sonne dysentery in January, 1952, and was a " carrier " of dysentery for four months.

MEASLES.

31 cases of measles were notified to the Health Department during 1952 compared with 2,153 cases in 1951. The cases were all mild and there were no deaths.

WHOOPING COUGH (PERTUSSIS).

247 cases of whooping cough were notified to the Health Department during 1952. 172 of the cases occurred in the first half of the year in which the cases were evenly spread over the six months, the last quarter having only 16 cases. There were two deaths from whooping cough during the year. Though whooping cough seems to be becoming milder, it is still a substantial risk, and it leaves damaged lungs in a number of cases. Luckily, immunisation against whooping cough offers a good deal of hope, if mothers make the same response to the facilities now available in the city, as they have done in regard to diphtheria immunisation. Our aim must be to deal with whooping cough over the next twelve years as we have dealt with diphtheria over the past twelve years.

PUERPERAL PYREXIA, 1952.

The table below shews the incidence according to causes of puerperal pyrexia—notifiable puerperal pyrexia means a temperature more than 99.4°F occurring once within the first 14 days after the confinement.

Cases Notified	Cases notifiable if old regulations were still in force	CAUSES	Confinement at :	
			Home	Hospital
19	7	Uterine or Pelvic	3	16
26	8	Breasts (engorgement-mastitis)	7	19
11	8	Respiratory	2	9
12	8	Urinary	4	8
10	4	Other Causes	2	8
5	—	Unknown	3	2
83	35		21	62
		TOTAL	83	

It will be understood that complicated cases generally enter hospital so it must be expected that the pyrexia rate will be greater in hospital than at home.

2 other cases were notified, but in fact the patients were not subject to notification.

83 cases were brought to light (of which 78 were notified) ; only 35 of them would have been notified under the old regulations. As I have previously stated, it would be invaluable if the believed cause of the pyrexia were always written on the notification form and if this were required by the regulations. Many of the doctors do, in fact, include this note and it is always useful. Another important thing is that if there is any doubt at all about the possibility of pelvic infection, it would be of the greatest assistance if the doctors would take swabs early in the course of the illness.

The main purpose of the notifications is to enable the health department to take such steps as are necessary : (1) to prevent any midwives who may be the cause of infection or may otherwise have been infected by the patient from infecting others and (2) to isolate the patient, if considered infectious, from other lying-in and expectant mothers.

Although all cases are followed up, there is little doubt that in the only fatal case the patient, who died from septicaemia arising from a breast abscess, would not in fact have been saved by any action which would or could have been taken by this department. This case was not in fact notified, but was brought to notice by the midwife who reported (under the Midwives' Rules) that she was exposed to a source of infection.

18 cases were notified and ascribed to pelvic or uterine causes ; appropriate swabs were taken in 8 cases. The most severe case was due to infection by bacillus coli, 2 showed haemolytic streptococci, 1 of which was typed and proved to be the pathogenic type A, 3 were negative, and the others showed streptococcus viridans and staphylococcus albus infections, generally not very dangerous organisms.

INFECTIOUS HEPATITIS. (Note by Dr. J. H. Whittles).

Infectious Jaundice (Epidemic Hepatitis) has smouldered in Exeter during 1952. The cases have been mainly in school children as is usual, but adults have also been attacked. The cases among school children have been scattered unevenly throughout the schools. As the adult victims are only too aware, this infectious disease is usually much more severe in adults than in children ; indeed, young children can be quite obviously jaundiced and yet have remarkably slight symptoms.

Infective hepatitis (which is a definite disease and must not be confused with other types of jaundice caused by other agents) is caused by a virus, and has one of the longest incubation periods of all infectious diseases, viz :— about 28 days. This lengthy incubation period, plus the fact that this disease is believed to be infectious for a few days before the jaundice appears, makes it most difficult to trace the exact paths of infection or to limit its spread. The available evidence points to the infection being disseminated in two ways—by talking, coughing and sneezing as in other diseases with a respiratory mode of spread (e.g. measles, influenza) and by contamination from the bowel motions as in other diseases with a faecal mode of spread (e.g. typhoid, dysentery, intestinal worms). Thus, preventive measures follow two paths, viz :— (a) isolation of the patient, ventilation of the sick room, careful destruction of discharges from the nose and mouth, boiling of feeding utensils, and (b) care in disposal of the stools and their sterilisation, sterilisation of bedpans and care on the part of attendants in washing their hands after having attended to a patient.

The cases in Exeter began in March and from that time there was a steady number of cases with increases in June and October. The first case occurred in early March in a boy living in the Countess Wear area and attending the Episcopal Secondary Modern School for Boys, but the majority of the early cases occurred in the St. Thomas area. By the beginning of June most of the cases were grouped in the St. Thomas area with a few dotted along the Pinhoe Road. By the end of June the epidemic had spread to the Holloway Street area and a few cases had occurred in the eastern part of the city. The situation was much the same at the end of July, and by mid-September it was seen to be spreading slowly eastwards to the area of the new housing estates. During the fourth quarter of the year it continued in the St. Thomas area with many more cases in the Burnthouse Lane and Countess Wear estates.

One of the schools in Exeter which consists of a junior boys' school and a secondary modern boys' school in the same curtilage had several cases of infectious hepatitis during 1952. Plotting the incidence among the staff and schoolboys showed an interesting graph. After the initial case, there was a silent interval of twenty-four days which was followed by a spike caused by secondary cases. This suggests that the incubation period of the disease is in the region of twenty-four days, which fits in with estimates of the period from other sources. Cases then occurred sporadically in this school until the end of the year.

When the families in which more than one case had occurred were investigated, it was found that on excluding families in which both cases had obviously caught the infection from a common source, seven occurrences suggested an incubation period between twenty-four and thirty-nine days, five between forty and fifty-three days and one suggested seventy-nine days. In the latter case, the probable explanation was a missed case.

The total number of cases notified to the Health Department (with the friendly collaboration of the general practitioners, this disease not being one of those statutorily notifiable) during 1952 was 231, of which 53 occurred in June and 41 in October. This is not the total number as the notification of cases was necessarily incomplete. The incidence by months was as in the table below.

MONTH ...	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Cases	0	0	5	11	19	53	16	17	18	41	40	11	231

The incidence by ages was as below :

AGES ...	Und'r 1	2 —	3 —	4 —	5 to 9	10 to 14	15 to 19	20 to 34	35 to 44	45 to 64	65 +	Not known but of school age	Not known	Total
Cases	1	2	0	2	90	50	11	13	4	3	0	44	11	231

Table XVII.

NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR 1952 AFTER CORRECTION FOR CHANGE OF DIAGNOSIS. (including Non-Exeter cases).

DISEASE	AGES OF CASES NOTIFIED													Cases admitted to Isolation Hospital
	Under 1	1—	2—	3—	4—	5-9	10-14	15-19	20-34	35-44	45-64	65 and over	Total	
Scarlet Fever		7	12	22	33	150	11	1	2				238	95
Dysentery	7	10	11	11	9	29	17	7	17	12	5	2	137	21
Food Poisoning		2			1	1			2	1	2 (1)	2 (1)	11	3
Erysipelas									4	5	11	7	27	2
Ophthalmia Neonatorum	5												5	
Poliomyelitis— Paralytic						3		1	1	2			7	7
Poliomyelitis— Non-Paralytic						2			1				3	3
*Influenzal-Pneumonia					2 (1)				2	2	3	5 (1)	14	
*Pneumonia			1	1	1		2 (1)	3	8	7	19 (1)	15 (1)	57	1
Puerperal Pyrexia								9	59 (*1)	12			80	
Measles		3	2	4	5	13	5						32	2
Whooping Cough	23 (1)	23	40	36	47	70 (1)	4		1	1		2	247	13
Malaria											1		1	
Typhoid, Para. B.....							1		1				2	2
Typhoid											1		1	

Figures in brackets represent Deaths.

*Cause of death—Septicaemia.

Table XVIII.

EXETER CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1952.

After Correction both for Residence and for Revised Diagnosis.

Disease.	Ages of Cases Notified													Cases admitted to Isolation Hospital
	Under 1	1—	2—	3—	4—	5-9	10-14	15-19	20-34	35-44	45-64	65 and over	Total	
Scarlet Fever		7	12	22	33	149	11	1	2				237	95
Dysentery	7	10	11	11	9	27	8	6	16	12	5	2	124	10
Food Poisoning		2			1	1			2	1	2 (1)	2 (1)	11 (2)	3
Erysipelas									4	4	11	7	26	2
Ophthalmia Neonatorum	4												4	
Poliomyelitis—Paralytic						1			1				2	2
Poliomyelitis—Non-Paralytic														
Influenzal-Pneumonia					2 (1)				2	2	3	5 (1)	14 (2)	
*Pneumonia			1	1	1		2 (1)	3	8	7	19	14 (1)	56 (2)	
Puerperal Pyrexia								5	42 (1†)	6			53 (1)	
Measles		3	2	4	5	12	5						31	2
Whooping Cough	23 (1)	23	40	36	47	70 (1)	4		1	1		2	247 (2)	13
Malaria											1		1	
Typhoid, Para. B.														
Typhoid											1		1	

*There were 24 deaths during the year ascribed to pneumonia, but only 2 in notified cases. Figures in brackets represent Deaths. †Cause of death—Septicaemia.

Table XIX.

MONTHLY INCIDENCE OF NOTIFIED CASES OF INFECTIOUS DISEASE DURING 1952 AFTER CORRECTION FOR CHANGES OF DIAGNOSIS.

Disease.	Jan.	Feb.	Mar.	Apr.	May.	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Scarlet Fever	25	23	19	16	15	9	24	11	10	43	25	18	238
Dysentery	81	20	8	11	1	4	3	—	2	—	7	—	137
Food Poisoning	—	—	1	—	—	—	5	5	—	—	—	—	11
Erysipelas	1	9	2	3	1	1	—	2	—	4	1	3	27
Ophthalmia Neonatorum	—	—	1	1	1	—	—	—	1	—	—	1	5
Poliomyelitis—Paralytic	—	—	—	—	—	—	—	1	2	1	3	—	7
Poliomyelitis—Non-Paralytic	—	—	—	—	—	—	—	1	2	—	—	—	3
Influenzal-Pneumonia	7	—	2	2	—	—	-	—	—	—	—	3	14
Pneumonia	4	12	10	3	3	1	8	1	2	4	4	5	57
Puerperal Pyrexia	9	8	3	11	3	5	10	5	7	6	3	10	80
Measles	2	2	3	2	6	1	1	5	5	2	—	3	32
Whooping Cough	28	26	31	33	26	28	22	21	16	6	2	8	247
Malaria	—	—	1	—	—	—	—	—	—	—	—	—	1
Typhoid Para B.	—	—	—	—	—	—	—	2	—	—	—	—	2
Typhoid	—	—	—	—	—	—	—	—	—	—	1	—	1
Total	157	100	81	82	56	49	73	54	47	61	41	51	862

Table XX.

MONTHLY INCIDENCE OF EXETER CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1952 AFTER CORRECTION FOR CHANGES OF DIAGNOSIS.

Disease.	Jan	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Scarlet Fever	25	23	18	16	15	9	24	11	10	43	25	18	237
Dysentery	79	20	8	1	—	4	3	—	2	—	7	—	124
Food Poisoning	—	—	1	—	—	—	5	5	—	—	—	—	11
Erysipelas	1	9	2	3	1	1	—	2	—	4	1	2	26
Ophthalmia Neonatorum	—	—	1	1	—	—	—	—	1	—	—	1	4
Poliomyelitis—Paralytic	—	—	—	—	—	—	—	—	1	1	—	—	2
Poliomyelitis—Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—

Continued on opposite Page.

DISEASE.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
INFLUENZAL-PNEUMONIA	7	—	2	2	—	—	—	—	—	—	—	3	14
PNEUMONIA	4	12	10	3	3	1	8	1	2	3	4	5	56
PUERPERAL PYREXIA	7	3	2	7	1	4	9	5	4	4	3	4	53
MEASLES	2	2	3	2	6	1	1	5	5	2	—	2	31
WHOOPING COUGH	28	26	31	33	26	28	22	21	16	6	2	8	247
MALARIA	—	—	1	—	—	—	—	—	—	—	—	—	1
TYPHOID Para B.	—	—	—	—	—	—	—	—	—	—	—	—	—
TYPHOID	—	—	—	—	—	—	—	—	—	—	1	—	1
TOTAL	153	95	79	68	52	48	72	50	41	63	43	43	807

NATIONAL ASSISTANCE ACTS, 1948 AND 1951.

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION.

One elderly lady only, was removed under the National Assistance Acts, 1948 and 1951, in this instance against her will. She subsequently returned home considerably improved.

MEDICAL EXAMINATIONS MADE ON BEHALF OF THE COUNCIL.

Medical examinations for admission to the superannuation scheme, sickness, or on return to employment after sickness, for Civil Defence courses, etc., numbered 191.

Arrangements are now made for X-ray examination on appointment and periodic re-examination of staffs (resident and non-resident) caring for children in the Council's nurseries, children's homes, etc., and in a number of voluntary homes of the same sort, with a view to the early detection of tuberculosis in their staffs and the prevention of exposure of young children in this way to the disease. 133 such examinations were made during the year. As far as possible the services of the Mass Miniature Radiography Unit are utilised when it visits Exeter.

CHILDREN'S COMMITTEE.

The Medical Officer of Health is the Medical Adviser to the Children's Committee ; the Children's Homes and the Residential Nursery are visited quarterly by Dr. Jessie Smith for general medical supervision ; individual medical care is given by a general practitioner.

EXETER CITY COUNCIL.

SURVEY OF LOCAL HEALTH SERVICES.

At the request of the Ministry of Health a survey of the present position of the Local Health Services, particularly in regard to co-operation with hospitals and general practitioners is here incorporated. The tables which are practically in the same form as in previous years are set out at the end of this section (except in the case of the Senior Dental Officer's report) the references being included in the text as appropriate.

ADMINISTRATIVE ORGANISATION.

The Local Health Services are organised as follows :—

The Medical Officer of Health is generally responsible for the organisation and co-ordination of the Council's services and for initiating developments. He is assisted by his Deputy and two Assistant Medical Officers and the usual other professional, administrative and clerical staff.

The Council carry out their duties under Sections 23, 25 and 26 of the National Health Service Act by agency.

Joint arrangements with other Authorities.

(i) The Chest Physician (for whose services the Council reimburses the South Western Regional Hospital Board) is responsible for the immediate management of the Council's services in respect of tuberculosis.

(ii) Ambulance Service. By agreement with the Devon County Council, the City Council's Ambulance Service covers a county area completely surrounding the city ; the total area served, including the city, is approximately 78 square miles and has a population of, approximately, 91,000. There is also a general standby agreement with the Devon County Council for major emergencies, and other forms of co-operation in the day to day arrangements.

(iii) The Hospital Car Service is administered within the City by the Devon County Council, the City Council reimbursing the County Council in respect of work undertaken for the City Council.

(iv) The Non-Medical Supervisor of Midwives is also (mainly) an officer of the Devon County Council.

(v) The Council's Occupation Centre admitted by arrangement with the Devon County Council children from the county area. This was suspended by the County Council in 1952, but it has been renewed in 1953.

CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

Committees.

There is considerable cross-membership of local health authority, hospital management committees and executive council committees and the Medical Officer of Health is on certain hospital committees, and attends the Executive Council but as an observer only.

A general practitioner, a dental practitioner and a pharmacist are members of the Health Committee of the Authority.

CO-OPERATION WITH HOSPITALS AND GENERAL PRACTITIONERS.

General Practitioners.

(a) Every effort has been made to strengthen the links with the general practitioners, and relationships are very cordial.

(b) The recently appointed Superintendent Health Visitor has called personally on 21 of the 42 general practitioners in the city and will call on the rest in due course. She has been well received ; the doctors have been interested in the nursing qualifications of the staff and especially in the help possible in regard to the care of old people ; it is felt that more calls on the help of the health visitors are likely to be made. Three-quarters of the practitioners are known personally to the health visitors. Consultations by phone between the health visitors and mental health workers and the general practitioners (in either direction) have been encouraged and the calls " in " have increased considerably ; the health visitors find no objection by doctors to being rung up, care being taken to avoid intruding unduly on the doctors' time.

Hospitals.

(a) Free access to hospitals is given to the medical officers of the department enquiring into infant deaths, stillbirths, etc. One of the Council's clinics is used as premises for out-patients by the hospitals.

(b) One health visitor spends the equivalent of about two sessions a week visiting diabetic patients who have been under the care of the Royal Devon and Exeter Hospital Diabetic Clinic. She works under the guidance of the hospital consulting staff.

(c) The almoners of the Royal Devon and Exeter Hospital and of the (Exeter) City Hospital consult the Superintendent Health Visitor directly on questions of after-care and also regarding background information about patients recently admitted to hospital.

(d) The transference of information from The Princess Elizabeth Orthopaedic Hospital and the City Hospital to the department is satisfactory, and from the Royal Devon and Exeter Hospital is now increasing considerably.

(e) There is no joint area committee on the lines indicated in Circular R.H.B.(52)42, the Regional Hospital Board not having called any meeting. The Executive Council started to discuss such a project before the issue of the circular, but have apparently abandoned it.

INFORMATION TO GENERAL PRACTITIONERS.

From time to time circular letters are sent to general practitioners detailing changes or extensions in the Council's services and dealing with other current topics of mutual interest. Copies are sent, as relevant, to all consultants and to the Director of the Medical Research Council Laboratory in Exeter.

INFORMATION TO THE PUBLIC.

The public are informed of the Council's services by means of advertisements in the local issue of " Better Health " (1,000 copies a month), by press publicity, by the annual report, etc. The Health and Welfare Committees of the Council have issued (in 1953) a booklet detailing the health and welfare services (national and local, official and voluntary) available in the city.

JOINT USE OF STAFF.

GENERAL PRACTITIONERS.

(a) One general practitioner carries out six ante-natal clinic sessions a month for mothers intending to be delivered in the maternity hospital, as part of the Local Health Authority Service.

(b) Two general practitioners carry out ante-natal clinic sessions for the Exeter Maternity and District Nursing Association as agents of the City Council—in all, six sessions per month.

(c) One general practitioner gives dental anaesthetics for mothers and children treated at the Council's dental clinic, for two sessions a month.

(d) The Deputy Medical Officer of Health and Assistant Medical Officer of Health do week-end relief duties at the Isolation Hospital and the Deputy Medical Officer of Health deputises for the Medical Officer of the City Infectious Disease Hospital during his vacations.

CONSULTANTS.

The Medical Superintendent of Digby (Mental) Hospital is always willing to give advice to the Council's Mental Health Section and his help is used a great deal. Otherwise there are no arrangements for consultants to work in the Council's services under the National Health Service Act. Consultants are called in to advise and certify under the Lunacy Acts.

VOLUNTARY ORGANISATIONS.

(a) The Exeter Maternity and District Nursing Association (a Part II midwifery training school and a Queen's Institute key training school) provides the home nurses and domiciliary midwives, as agent for the Council under Sections 23 and 25 of the Act. The Council reimburses all approved expenditure. There is a management committee, consisting equally of members of the Council and members of the Association, which is responsible for the day to day management of the service : the Medical Officer of Health is a member of the committee.

(b) The Exeter St. John Ambulance Association acts as agent in the provision of an ambulance and sitting case car service ; the Association also undertakes the checking of accounts rendered in respect of hospital car service work in Exeter. There is a management committee (consisting equally of members of the Council and members of the Association) which is responsible for the day to day management of the service : the Medical Officer of Health is a member of the committee. The infectious disease ambulance service has been separately maintained by the City Council.

(c) The Exeter Diocesan Association for the Care of Girls co-operates with the Council in the care of the unmarried mother and her child. The salary and expenses of the Association's case worker~~s~~ are borne equally by the Association and the Council.

PARTICULAR SERVICES.

(National Health Service Act, 1946, Section 21).

HEALTH CENTRES.

During 1952, plans which had been submitted in October, 1951, to the Ministry of Health for a centre near Honeylands Sanatorium to provide facilities for local health authority and school health services including dentistry, were approved ; but only after the building proposed had been considerably reduced in size and the construction altered to eliminate steel framing. This was unfortunate, but it could not be helped in the circumstances. The plan presupposes a further building to be erected later to provide facilities for general medical and allied services to be rendered by general practitioners, dentists, pharmacists and others, though I think it will be many years before it materialises.

CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

EXPECTANT AND NURSING MOTHERS.

Ante-natal and post-natal clinics.

The Council now provides directly six ante-natal clinic sessions a month at which post-natal examinations are also made ; two clinics a month were discontinued from September, 1952, on account of declining attendances : 162 mothers in all attended, making 631 attendances, including 59 post-natal attendances: the average attendance per session was 7. (See Table XXI). These clinics are for patients who intend to be delivered in the Mowbray House Maternity Hospital, but who are not receiving full ante-natal care from private doctors. All general practitioners have been invited to send their ante-natal patients to the clinics whether or not the mothers are under their own care, but only three have wished to do so. At the clinics, midwives from the Mowbray House Maternity Home and health visitors attend. The Exeter Maternity and District Nursing Association which carries out domiciliary midwifery on behalf of the City Council provides three medical ante-natal clinics per fortnight, post-natal examinations being made as necessary; in all, 419 attendances were made including 52 post-natal attendances. Midwives' clinics are also held four times a week, 531 mothers attending an average of four times each. (See Table XXI). Expectant mothers from these medical clinics are referred to Dr. Stewart Smith, Area Pathologist of the Royal Devon and Exeter Hospital for blood examination; his department arranges repeat examinations if required. All practitioners have been invited to send their own patients direct to the Laboratory and many of them do so. In 1952, 770 mothers (a number equivalent to 68% of the total births during the year) were examined in this way. (Table XXII).

Specialist Clinics. There are no specialist clinics held on behalf of the City Council.

Relaxation Classes. Three relaxation class sessions are held each week, one of them being in the evening. 242 mothers made 1,545 attendances in 1952. A small class is held in the St. Olave's Home for unmarried mothers. These classes, which are very popular, provide excellent opportunities for education of the mother in regard to maternal and child care.

Mothercraft training. Mothercraft training in a limited degree is given at the ante-natal clinics, and more so, at the relaxation classes which have been found invaluable for this purpose.

Attendance in Practitioner's Surgery. One health visitor attended once a week in one practitioner's premises at his request, the sessions being devoted to expectant and nursing mothers. This arrangement lasted for three months, up to the end of the year, and has since been replaced by a monthly attendance. I should like to see this practice extended.

Maternity Outfits. Maternity outfits are supplied to all mothers having the confinement at home who apply for them. Where the Council's domiciliary midwives are in attendance they automatically provide them. 435 were supplied in all. A reserve stock of necessary materials is available for emergency extra needs.

CHILD WELFARE.

There are five sessions a week and one fortnightly devoted to child welfare work in five centres. The babies under 1 year of age attending the clinics numbered 686, a number approximately equivalent to 62% of the live births during the year, which while less than in 1951 (72%) was about the same as in 1950 (60%), and also in 1947 (60%) before the National Health Service Act came into effect. In all the child welfare clinics during the year 2,151 pre-school children made 14,723 attendances, averaging 58 per sessions. (See Table XXIII). In March, 1952, the Friday morning session at Whipton was transferred to Friday afternoon as being more convenient to the mothers. The Countess Wear estate with its large number of young families provided a problem since it was found impossible to find suitable premises for holding a session, but by the courtesy of the Education Authority a session was held fortnightly at the new Countess Wear Infants School on Saturday mornings from September, 1952. We hope to make this a weekly session, but of course, it can only be a second best arrangement. Saturday morning is an inconvenient time for mothers.

The number of children of 1 year to 5 years of age attending at the centres at the end of the year was 1,177 or about a quarter of those of this age group in the city ; 241 of them attended for the first time. We will be able in future to analyse the figures more fully. It is important to cater in this clinic service for the older children (say from 2 to 5 years old) because over and over again it has been shewn children arrive at the infant school with defects which should have been treated (or perhaps prevented) long before this age. For this reason two special monthly toddler clinics were started at Burnthouse Lane and Whipton in March, but so far they have not been very well attended, the average number per session being 17 ; but this is not a discouraging figure.

Supply of Dried Milks, etc. Welfare foods (including national dried milk, cod liver oil and orange juice preparations) are available under the Government Welfare Foods Scheme at all maternity and child welfare centres in the city and at the Health Office. It is impossible to get figures indicating the actual " take up " of these foods or the proportion of the possible " take up " in the city. In a few cases, dried milks are made available to mothers on prescription at the chemists enabling the mothers to get them cheaply. Certain other nutrients are available free where regarded as necessary on medical grounds by the medical officer of the clinic.

Home visits to children under five. During the year health visitors paid 1,086 visits and 7,179 subsequent visits to children under the ages of 12 months and 11,049 visits to children between the ages of 12 months and 5 years.

Orthopaedic Treatment. 38 cases were referred from Infant Welfare Centres to Orthopaedic Hospital for various conditions: congenital abnormalities (2), torticollis (2), spastic paralysis (2), varus deformities (6), postural deformities (18) and miscellaneous (8).

Ophthalmia Neonatorum. 5 cases of ophthalmia neonatorum were notified, all were treated at home, and in none was the vision left impaired. No severe ill-effects resulted, and none of the cases was of the severe old-fashioned type.

Day Nurseries. During 1952, there were three day nurseries in the town; two admitting children from 1 to 5 years (both training nursery nurses) and one admitting children from 2 to 5 years: the total number of places was 114. The Council has recently (1953) successfully sought the Ministry's approval to the closure of the non-training nursery with 34 places. Twice during 1952 charges for admission were increased, the second time substantially, and these charges now range from 2/- a day in certain priority classes (un-married, widowed and divorced mothers, etc.), up to 8/- a day in the financially more fortunately placed families. This has resulted in a sharp decline in those attending (see Table X) and also in a more discontinuous attendance. It can be said however, that where the child has been removed and where the mother has continued to work, satisfactory arrangements have been made in almost every case for the care of the young children better still, some of the mothers have stopped working. It has been decided (1953) that nursery nurse training will be discontinued, partly because of expense, and partly because the closure of so many nurseries throughout the country is limiting the field of employment for nursery nurses on qualification.

All the children are medically examined before admission and quarterly. Whooping-cough was the most troublesome infectious disease in the nurseries, 26 cases occurring. Other infectious diseases included scarlet fever (6), german measles (8) dysentery (5 cases in Buddle Lane), chicken pox (2), mumps (1)

As I have said before, care in the day nursery is only a "next best thing," and should only be allowed where the alternative on the whole is worse for the child. It does seem as if some nursery provision is necessary in towns of any considerable size, especially for the children of unmarried mothers, or of mothers who must earn a living, and for young children shewing maladjustment— which is by no means rare even in early childhood.

7 students sat for the National Nursery Examination and 5 passed. Of these 3 obtained posts in residential nurseries, 1 went to a private post and 1 left the service.

Care of Premature Infants.

Where it is expected that the labour will be premature suitable equipment is made available as necessary including a cot, hot water bottles, blankets, etc. Oxygen is available at any time for practitioners who wish to use it in connection with the domiciliary care of premature infants ; this facility was used twice in 1952. The domiciliary midwives continue the care of premature infants as long as seems necessary.

Liaison with hospitals is satisfactory though I am disappointed that the hospitals have refused permission to health visitors to see the mothers of these infants before discharge. Arrangements were made however, for advance notice of the discharge of premature and weakly infants to be sent to the Superintendent Health Visitor and these have been satisfactorily carried out. The details of the premature births (live and still) are shewn in Table XXV.

There were 13 premature stillbirths in the year and 79 premature live births. 67 of these infants survived to the end of the year. Twin pregnancy and toxaemia were important factors, but no cause could be assigned in 40 cases. No baby under 3 lbs. 4 ozs. at birth survived.

Provision for the Unmarried Mother and her Child.

During November 1952, the local evening newspaper, the *Express and Echo*, carried a considerable discussion initiated by a medical practitioner on the need for a mother and baby hostel to serve the city and surrounding area. I am glad to say, first, that it appears to have borne fruit since the Diocese is understood to have decided (in 1953) to establish such a hostel, and, second, that the basic idea expressed (which has been advocated in my previous reports) that the mother and baby should live in the hostel until the mother has got work and is able to re-establish herself in a home, was most favourably received. Exeter has a persistently high illegitimate birth rate, and this is partly due to the frequency with which unmarried mothers from very far afield come into the city for the confinement and give the Exeter address as their homes ; indeed, in some cases by then they have no other home. 11 unmarried mothers so came into the city for their confinements in 1952 : 3 of them subsequently married the fathers of the children. The Social worker made 1,032 visits during the year. One third of the babies born to the mothers coming under her care were adopted. Details are set out in Table XXVI.

The closure of Dunraven (Voluntary) Nursery has been a loss to the city, but, if as is hoped, it becomes a mother and baby hostel, the building will be utilised in a most useful service. This is a work for which there is too little sympathy. To help the mother and the child is not to condone immorality, but simply to prevent further injustice to the child and to inspire fresh hope in the mother. The mother who cares for her illegitimate child is far more to be respected than she who would destroy the unborn infant.

Nurseries and Child Minder's Regulation Act, 1948.

There were no nurseries in the city registered under this Act and only one child minder had been registered at the end of 1952.

DENTAL CARE.

REPORT OF SENIOR DENTAL OFFICER.

The three dental officers employed by the Authority devote approximately one-fifth of their time to the treatment of expectant and nursing mothers and pre-school children.

Table (a).

Mothers and pre-school children securing dental treatment at the Council's clinics.

	Examined	Needing treatment	Treated	Made Dentally Fit
Expectant and Nursing mothers	113	102	97	74
Children under five years ...	357	273	279	223

Table (b).

Forms of dental treatment provided.

	Total treated	Extractions	Anaesthetics		Fillings	Scalings or scaling and gum treatment	Silver Nitrate treatment	Dressings	Radiographs	Dentures provided	
			Local	Gnl.						Complete	Partial
Expectant and Nurs. Mothers	97	289	—	60	151	32	2	15	3	16	9
Children under five years ...	279	302	—	175	397	—	31	15	—	—	—

Expectant and Nursing Mothers.

Of the 113 inspected shewn in Table (a), 35 were referred from the ante-natal clinic, 43 from the Exeter and District Nursing Association, 3 from private doctors, and 20 were post-natal cases. 12 cases were carried over from the previous year. Of the 97 treated, 13 had not had their treatment completed by the end of the year. Of the 25 dentures supplied, 9 were full upper dentures, 7 full lowers, 5 partial uppers and 4 partial lowers.

Pre-School Children.

All children under school age and residing in the city are entitled to make use of the Council's dental clinic for inspection and treatment.

The only routine inspections possible are those carried out in the Council's residential and day nurseries where 55 children were inspected and 20 were found to require treatment. (See Table (c) below).

Table (c).

YEAR OF BIRTH	1950	1949	1948	1947	Total
Number Inspected	4	21	24	6	55
Sound Mouths	3	15	8	—	26
Number of decayed, missing or filled teeth (D.M.F.)	3	14	76	30	123
Average D.M.F. per child inspected	.75	.66	3.16	5.0	2.2

4 extractions and 17 fillings were carried out for 16 of the above 20 who were treated before the end of the year.

The other 302 pre-school children examined were those referred from child welfare centres or whose parents brought them of their own accord, the majority of whom required treatment.

As Dr. I. V. Ward had to give up her Saturday morning dental anaesthetic sessions on account of the inauguration of the Countess Wear Clinic, the services of Dr. B. Hinde were secured to give dental anaesthetics on alternate Saturday mornings so as to provide an extraction session for expectant and nursing mothers and pre-school children (as from the 4th October).

During the year under review, it was found necessary to utilise the X-ray unit installed in the clinic for 3 mothers.

A considerable number of mothers and pre-school children attended private practitioners. In the table below is a summary of the work carried out by private dentists in the city, but this cannot be regarded as giving complete information since at the date of the issue of this report 11 of the 40 private practitioners had given the appropriate information, kindly forwarded to me by the Secretary of the local branch of the British Dental Association.

Table (d).

Treatment of Mothers and Pre-school Children by 11 *Private Dental Practitioners during* 1952.

NUMBERS PROVIDED WITH DENTAL TREATMENT.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	185	174	163	158
Children under five	231	211	175	142

FORMS OF DENTAL TREATMENT PROVIDED.

	Extractions	Anaesthetics		Fillings	Scalings	Silver Nitrate treatment	Dressings	Radiographs	Dentures provided	
		Local	Gnl.						Complete	Partial
Expectant and Nurs. Mothers	146	65	23	271	93	2	3	29	4	20
Children under five years	131	21	79	380	6	23	41	10	—	—

Therefore, in all, at least 260 expectant and nursing mothers, and 454 pre-school children were treated dentally during the year.

W. CROFTS ARKLE,

Senior Dental Officer.

DOMICILIARY MIDWIFERY.

Organisation. The Council carry out this service by agency through the Exeter Maternity and District Nursing Association, all approved expenditure being reimbursed by the City Council. Most of the residential property, motor cars, etc., is owned by the Council. All the midwives use cars (either self-owned or owned by the Council) for their work.

The arrangements work very well, and the general practitioners have every confidence in the service.

Staff. There are five midwives, excluding the superintendent staff (three) of the Home who are all midwives but only occasionally undertake confinements. In addition, seven of the home nurses are also midwives, but they do not ordinarily practise as midwives. Pupil midwives are accepted for Part II training up to a maximum of twelve in a year. 410 or 37% of the confinements in the city in 1952 were conducted by the domiciliary midwives ; this proportion is less than in 1950 (42%) or 1951

(41%). In all, 10,657 visits were paid to mothers either during the pregnancy, the labour or the lying-in period. 31 domiciliary confinements were conducted by the private midwives (including 3 confinements in the prison) in the city. (Table XXVII).

Supervision of Midwives. (Midwives Acts 1902—1951). The Medical Officer of Health is the medical supervisor of midwives and the Assistant Medical Officer of Health deputises for him ; the non-medical supervision of midwives is carried out by the County Council's non-medical supervisor of midwives, on a part-time basis, by arrangement between the two authorities. At the end of the year there were 43 midwives on the Authority's list of those who had given notice of intention to practise, including 9 in the District Nursing Home, 8 in private practice, 24 in hospitals, and 2 in a mother and baby home.

70 medical aid notices (i.e. requests for assistance by doctors) were issued by midwives. 313 other notifications by midwives in respect of stillbirths, artificial feeding, etc., as required by the rules of the Central Midwives Board were received. (See Table XXVIII).

Gas and Air Analgesia. All the domiciliary midwives employed under Section 23 are qualified to administer gas and air analgesia. In 323 of 410 deliveries conducted by them, gas and air analgesia was administered ; other analgesia (trilene, etc.) was given in 23 cases ; in 152 cases pethidine was given ; of the 8 midwives in private practice 1 was qualified to administer gas and air analgesia ; 1 of their 31 cases had such analgesia.

Refresher Course for Midwives. One midwife took a non-residential Midwife Teacher Course in Bristol in 1952 and passed the examination.

One of the superintending staff and one midwife took short residential courses in relaxation class work for expectant mothers.

Two of the midwives have previously attended residential courses in Woolwich on the care of premature babies.

Training of Pupil Midwives. The Home is a Part II training centre for pupil midwives, the pupils taking deliveries in conjunction with the Association's domiciliary midwives. Of 10 pupils trained in 1952, 9 passed this examination. There is no difficulty in getting sufficient pupils.

Admission to Maternity Unit for normal cases. By arrangement with the Exeter and Mid-Devon Hospital Management Committee all arrangements for admission to Mowbray House Maternity Home are made at the Health Office. In every case the health visitor visits to assess the social conditions and the decision re admission on these grounds is reached as a result of this visit. This visit has the added advantage of introducing the health visitor to the home in advance of the confinement.

Special Notes.

(a) Beginning at the end of November, 1952, the home midwives now continue to supervise the welfare of the babies delivered by them, for the first three weeks. Quite apart from this, the midwives frequently continue to supervise the welfare of the mother and child (103 cases in all in 1952) beyond fourteen days.

(b) The midwives continue to supervise the welfare of the premature babies delivered by them or referred to them by general practitioners until close supervision is no longer necessary (21 cases in 1952, also included under (a) above).

(c) The midwives undertake the puerperal care of mothers who are delivered in hospital and discharged before the tenth day, or in any case, if requested by the hospital to do so (76 cases in 1952). This is a reflection of the inadequacy of the maternity accommodation in the acute general hospital, which is causing anxiety locally.

(d) There is the closest liaison between the Superintendent of the Midwives' Home and the Superintendent Health Visitor; they discuss cases together, and full information about the mothers recently delivered in their home is given to the Superintendent Health Visitor systematically, weekly.

BIRTH CONTROL.

A Birth Control Clinic is carried out by the Exeter and District Women's Welfare Association. Cases suitable in the sense of the Ministry of Health's Memorandum 153/MCW are referred to the local authority and granted financial assistance. Since 1930 a total of 291 cases have been referred.

HEALTH VISITING.

Organisation. The health visiting service, though nominally a joint health and school service, is in fact practically entirely devoted to duties under the National Health Service Act, the school health nursing service being comprised for the most part of nurses without the health visiting certificate. It is the intention of the Council to fuse the two services in practice when it becomes possible.

Staff. There are a superintendent health visitor and 9 health visitors who are also school nurses (1 of them a part-time officer of the Council). The other school health and school clinic nurses and the tuberculosis health visitor also come under the supervision of the superintendent health visitor. The total allocation of staff is the equivalent of one superintendent health visitor, plus 7 2/3 health visitors for local health service work and 4 1/3 whole-time school nurses for school health work. The superintendent health visitor is also the supervisor of day nurseries and nursery nurse training course tutor. The health visitors visit the nurseries as part of their ordinary duties.

Transport. The health visitors use bicycles. A car allowance is available for the superintendent health visitor.

Visiting. The health visitors made 18,203 home visits to young children (including 1,086 first visits to infants under 1 year of age, 6,093 subsequent visits to these infants and 11,024 to children over 1 year of age), 954 to expectant and nursing mothers, 1,583 in regard to infectious diseases and 2,070 for other reasons in 1952. Apart from the ordinary visiting of expectant and nursing mothers and young children in which effort is made to visit where the need is greatest and not in any routine fashion, the health visitors do all the visiting concerning any infectious disease apart from that relating to food poisoning and the typhoid-paratyphoid group of infections. They also do any school visiting that is necessary when an unusual incidence of infectious disease occurs in a school. During times of large epidemics, e.g. measles, selective visiting becomes necessary, otherwise the health visitors are quite overwhelmed to the detriment of their baby welfare visiting. In 1952 (in which no measles epidemic occurred) they made 1,583 home visits in regard to infectious disease and 6 visits were made to schools involving the examination of 545 children for similar purposes. They also visit old people in their homes and 507 visits were made to 69 old people in 1952.

After-Care. With regard to after-care of hospital patients, this work is limited by the requests made by the hospitals for such after-care and the information given. 28 patients were so referred to the health visitors in 1952, and these were all followed up ; there is no doubt this co-operation is steadily increasing.

One health visitor devotes the equivalent time of about two sessions per week in visiting diabetic patients as part of the after-care work of the acute general hospital of the city in connection with the hospital diabetes clinic.

One health visitor visited weekly one general practitioner's clinic session in his own surgery, devoted to maternity cases. In general, apart from diabetic cases, if the home nurse is visiting a person the health visitors do not also visit, a close liaison being maintained between the home nursing and health visiting services.

Refresher Courses. The health visitors attend refresher courses at an average rate of two per annum. In 1951 four attended, in 1952 none and in 1953 one will attend.

Student Training. The Council offered one studentship in health visitor training in 1952, but were unable to get a suitable applicant. It is hoped to get a suitable applicant in 1953.

Arrangements have been made with the acute general hospital nurses training school whereby student nurses in the city will have facilities to learn something of the work of the health visitors.

HOME NURSING.

Organisation. Home nursing is provided by agency through the Exeter Maternity and District Nursing Association which is a Queen's Institute Key Training Home. The Council reimburses all approved expenditure. A committee of management which has equal representation of the City Council and the Association, is responsible for the day to day management ; the Medical Officer of Health is a member of the committee and has free access to records. The arrangement works very well.

Staff. The nursing strength, apart from superintending staff, at the end of 1952 was equivalent to 10½ home nurses (of whom eight were Queen's nurses) ; 12 students (each in residence for from four to six months) are trained annually.

Visiting. 2,601 persons were nursed during the year and the number of nursing visits made was 66,407, equivalent to almost one visit per person per annum. This suggests the service is meeting the needs of the population to a high degree. Night visits are made willingly in emergency, but there is no organised night service and there is no provision of all-night nursing.

Transport. All nurses use mechanical transport—either cars or autocycles or motor bikes, owned either by the City Council or themselves ; in the latter case, appropriate allowances are made. It is the Council's policy to enable all nurses ultimately to use cars (professional driving tuition is allowed free to the nurses), or motor bicycles or autocycles (only if the nurse prefers these to cars).

The following table, which is a reduction of Table XXIX sets out the work of the Home Nurses for 1952 according to a simple classification of the cases made on the doctor's diagnosis or nurse's description if no precise diagnosis was offered by the doctor.

	New Cases	Total cases nursed	Total visits	No. of cases over 65 years of age
Degenerative Diseases and Senility	·693	896	47,185	73%
Tuberculosis	21	29	1,669	17%
Acute Disease incldg. infectious disease	823	836	8,288	22%
Maternity and Gynaecology	219	220	1,397	44%
Accidents	101	110	2,232	43%
Others	490	510	5,636	34%
Totals	2.347	2,601	66,407	44%

Casual visits .... (Not Nursing)	1,400

Consideration of the detailed figures shews that nearly two-thirds of the cases nursed were females ; that two in every five cases nursed were aged 65 years or over ; that the amount of work undertaken for small children was very small, even less than in 1951 ; that diabetes took far and away the greatest number of visits per case (167 visits per case though these visits were not so time-consuming as most others) ; that the degenerative diseases including simple senility, and acute diseases, each accounted for rather more than a third of the cases, but the former required six times as many visits as the latter. Simple senility cases took substantially more work than any other group and took more visits per case than any group other than the diabetics.

One attempt at detailed analysis of the work of the nurses related to the time occupied in different duties over a period of one week was made in 1952 and it will be repeated four times in 1953 ; some improvement in organisation has already resulted from this enquiry.

Co-operation with General Practitioners. All the practitioners have direct access to the service and I have never heard any complaint, but on the contrary, only praise for the work of the home nurses.

Co-operation with Hospitals. There is close liaison with the hospitals. Almoners send information direct to the Association Home, ordinarily using a form (but, if necessary, by phone) about all cases needing post-hospital bedside nursing care. This information is the basis for action by the nurses ; no complaint has been made by the doctors about this direct approach. Where necessary, the Superintendent of the Home consults the Sister of the Ward in which the patient has been nursed. Similar contacts exist in regard to pre-operation or pre-X-ray preparation for patients.

The Royal Devon and Exeter Hospital (the City's main acute hospital) has been invited to send student nurses to spend some time with the district nurses so that they might learn something of home nursing, and it is expected that in 1953 advantage will be taken of the offer.

Refresher Courses. The Assistant Superintendent attended a one week refresher course in tuberculosis nursing in 1952.

Training. The Home is a Queen's Institute Key Training Home for District Nurses. The changes in the conditions of training, making the short four months course sufficient for a bigger proportion of the candidates than formerly, make for difficulties in staffing at an even rate over the year.

10 candidates were in training during 1952 ; all of them qualified, 1 after re-entry.

IMMUNISATION AND VACCINATION.

Organised effort to secure the vaccination and immunisation of the child population is maintained : (a) by sending a letter to all parents in the city when their children reach the age of four months reminding them of the need for vaccination against smallpox ; (b) by health visitors drawing attention from time to time during home visiting to the desirability of diphtheria immunisation in the children when they reach six months or so. Clinic sessions, of which there are five monthly at welfare centres, devoted solely to immunisation and vaccination, are advertised in the monthly publication " Better Health " issued free at the Health Office and at maternity and child welfare clinics. In November, 1952, an advertising campaign was carried out with the help of press and cinema and theatre publicity in respect of diphtheria immunisation, but it did not appear to have much effect. The head teachers of infant schools whose help is invaluable, ask the parents before the children enter the schools to have their children protected against diphtheria by booster doses (or, if not already immunised, by primary immunisation). Those who do not get this done are approached again at the first periodic medical examination.

Whooping cough vaccination was commenced in the city in July, 1952, and is now offered at all the immunisation clinics to children of pre-school age from two months of age. Combined whooping cough and diphtheria prophylactic is now also offered from the age of four months and this is proving the most popular prophylactic.

The diphtheria antigens used are A.P.T. and T.A.F. supplied through the Medical Research Council Public Health Laboratory Service, and the whooping cough antigens used are suspended whooping cough vaccine (Glaxo), and also suspended diphtheria-pertussis prophylactic, (Glaxo).

All general practitioners giving services under Part IV of the Act are taking part in the general scheme of immunisation and the return of records appears to be satisfactory.

665 persons were vaccinated for the first time, and 209 were re-vaccinated during the year. The percentage of young children vaccinated against smallpox is relatively high, the number of children under 1 year vaccinated in 1952 being 538, equivalent to 50% of the number of live births in the year. Vaccination is mostly done by the general practitioners.

Some ground has been lost in regard to diphtheria immunisation and at the present time there is more interest in whooping cough immunisation. About 85% of the children over 5 and under 15 years of age and about 56% of the children under 5 years of age at the end of the year were known to have been immunised against diphtheria by the end of the year. 1,019 persons received a primary course of diphtheria immunisation and 1,709 received a " boosting " injection. 67 persons received an immunising course against whooping cough and 196 a course of combined anti-diphtheria and anti-whooping cough prophylaxis.

The figures for the year are set out in Table XXX.

AMBULANCE SERVICES.

In all, 25,624 patients were transported under the City Council ambulance arrangements during 1952, each journey averaging about seven miles : these figures include 1,524 patients carried 37,991 miles on behalf of other authorities, the appropriate financial adjustment being made. Counting all journeys except those of the hospital car service for which precise details are not available, there were 15,228 patients carried, involving 11,157 journeys, i.e. approximately three patients for two journeys. See Tables XXXI and XXXII.

The main accident and "arranged removal" ambulance service is provided by agency through the Exeter St. John Ambulance Association, approved expenditure being reimbursed by the City Council. Five ambulances and two sitting case cars were maintained in 1952 and it is the Council's policy to secure steady replacement of the old vehicles, some of which have been in use since before the war. The property and most of the vehicles belong to the City Council. The whole-time personnel remained unchanged at 15 ambulance and 3 administrative staff. Voluntary help (for which a contribution is made by the City Council to the St. John Ambulance Association Funds) was given by women members of the Association, mainly by way of attendant duties, rail escorts, etc.

The arrangements have worked quite satisfactorily.

Infectious Disease transport. The ambulance service for infectious disease has been maintained separately and is based on the Infectious Disease Hospital, using and paying for, as required, the services of the staff of the hospital (porters, etc.). The hospital management committee has recently asked that other arrangements be made.

Hospital Car Service. The hospital car service is administered on a county basis by the Devon County Council Ambulance Department and the City Council reimburses the Devon County Council for expenses incurred on the city's behalf. 10,396 cases were removed and the cost was £1,279 2s. 8d.

Co-operation with other Authorities. The St. John Ambulance Service covers, in addition to the city, an area around the city on behalf of the Devon County Council, appropriate reimbursement being made.

In the review of the agency arrangements due in 1953 it is hoped to make arrangements whereby the former specific exclusion of infectious disease from the agreement with the St. John Ambulance Association will be removed and it is now intended to amalgamate the infectious disease and the general ambulance service, although I would have preferred the existing arrangements to continue.

Trends. The work still increases steadily. At the beginning of 1952 the Medical Advisory Committee of the acute general hospital (Royal Devon and Exeter Hospital) was asked to consider the more economical use of ambulance transport and for some little while the use was less, but this reduction has not been maintained. It is felt that people get ambulance transport legitimately at first as out-patients and then continue to have it almost by habit when the real need has ceased to apply. Sometimes the demands from hospital for removal are at only an hour or two's notice and this makes the management of the service difficult. Of course, it is most important to assist the hospitals to increase their intake of patients and it would be a pity to make this more difficult. But a little forethought on the part of the hospitals might save these "rush jobs."

One aspect of the law which is unsatisfactory is that the removal of patients from one hospital in the city to another for further treatment or convalescence makes any further removal of the case, say to his home, the responsibility of the city even though clearly the patient may live in another area and his original need may have arisen there, when the cost of his transport clearly *should* be the responsibility of that authority.

The Council find that the hospital car service is difficult to control, as the calls are made by the hospitals direct to the car owners. But the service is doing useful work.

Training. All the wholetime staff of the Ambulance Service under the St. John Ambulance organisation hold the St. John First Aid medallion, and one of the staff operating the infectious disease ambulance is similarly qualified. Some of the personnel have attended a course on aircraft ambulance work and have witnessed a demonstration by the R.A.F. of the Martin-Baker ejection seat and the method of rescuing the pilot from a plane so fitted.

New equipment. One ambulance is fitted with Novox resuscitation apparatus, and there is another similar apparatus available at the station for use as needed. It is understood the County Council will provide an ambulance specially equipped for the transfer of premature babies and by arrangement the city will call on this vehicle, if necessary.

PREVENTION, CARE AND AFTER-CARE.

(NATIONAL HEALTH SERVICE ACT, 1946—SECTION 28).

TUBERCULOSIS.

It is convenient here to include a full account of tuberculosis, although notification is carried out not under the National Health Service Act, 1946, but under the Tuberculosis Regulations, 1952.

ORGANISATION AND STAFFING. The Council reimburses the Regional Hospital Board to the extent of one seventh of the salary of the Chest Physician (S.H.M.O.) who is responsible to the Medical Officer of Health for the Local Health Authority Service regarding tuberculosis and is himself responsible for the hospital care of tuberculous patients in Whipton Isolation Hospital and the Children's Sanatorium and the clinical care of the patients at the Chest Clinic which is still situate where it was before 1948—in Southernhay West. There is close liaison between the Chest Physician and the Ministry of National Assistance, the Ministry of Labour's Disablement Resettlement Officer, and also St. Loyes Training College, Exeter.

The Chest Physician authorises, on behalf of the Medical Officer of Health, the issue of milk free to families up to two pints per day and other nutriments where it is considered this is valuable in limiting the spread of the disease. Sputum flasks, paper handkerchiefs and disinfectant are all issued gratis by the Council as needed. Consideration is being given to the most suitable disinfectant for issue ; it seems probable a chlorine preparation may be the best.

The Public Health (Tuberculosis) Regulations, 1952, came into operation in May, replacing the former Regulations effective from 1930. The new Regulations are, in my view, a poor substitute for the former ones, and in the long run are likely to make the task of the Medical Officer of Health more difficult than before. The official Register is no longer required legally, but the Minister urges the Medical Officer of Health to keep a register ; the requirement that the movements of already notified patients in and out of hospitals shall be reported to the Medical Officer of Health is no longer legally compulsory, but the Minister draws the attention of Hospital Boards and Committees to the desirability of doing so. It does not make sense, but then a great deal that has been done in recent years in regard to tuberculosis administration does not make sense.

It must be remembered that the modern treatments (especially the newer drugs) have reduced mortality, and that more cases are coming to light mainly through the Mass Radiography Unit ; but unless those pulmonary cases that are cured do, in fact, become " closed " cases (i.e. not spitting tubercle bacilli) or if " open " do take great care to avoid infecting others, there is a risk of further spread of the disease. It is the total reservoir of infection (not yet known) plus the degree of education in hygiene and the willingness of patients to co-operate that are important in the spread (or limitation) of the disease in the community.

In Exeter the number *on the Register* at the end of the year showed the same upward trend as in 1951, viz :— 575 as compared with 493 at the end of 1951, and 456 at the end of 1950, but this was not due to any great increase in the new notifications, but to the declining death rate and the fact that cases coming into a local residential training establishment from other towns had not previously been formally " transferred in " and were often not, in fact, known to the department, but are now included as " transfers in." The number of notifications of new cases in women declined from the high figure of 1951, but although there were two more deaths from tuberculosis than in 1951 we had still a low death rate compared with all other previous years. (See tables XXXIII to XXXVII).

MASS MINIATURE RADIOGRAPHY. Co-operation with the Regional Hospital Board's Mass Miniature Radiography Unit under the direction of Dr. G. Sheers is entirely satisfactory; the unit visits Exeter twice a year, being established in one of the Council's Community Centres. On one of these visits the greater part of the work is the radiography of educational groups (college students, older school children, teachers, etc.); the other visit is mainly for industrial groups. The local arrangements are largely left to the Medical Officer of Health, and on all visits there is a small number of open sessions for the public which are well supported.

There were two mass miniature radiography surveys in the city during the year in May and October; the first for general occupational groups with two " open " sessions for the public, the second primarily for educational groups including school-leavers, residential school children, University and College students and teachers, but also including nursing staffs of Children's Homes and Nurseries, etc., Chest Clinic contact cases, certain industrial employees, with two open sessions for the general public. Although the Unit was set up in the Buddle Lane Community Centre and, therefore, at a considerable distance from the centre of the city, the response has been excellent. In all, 9,653 persons (5,107 men, 4,546 women) mainly but not exclusively from Exeter attended, including 1,053 school-leavers. 39 newly discovered believed significant cases of tuberculosis were referred as a result of the surveys to Dr. Boyd, Chest Physician, at the Chest Clinic. 18 (including 14 " open " cases) of these were confirmed on full examination at the Clinic to be new, definite, cases, 13 of them subsequently receiving treatment in a sanatorium (see Table XXXVIII). Thus, 14 " open " cases (1 a schoolchild) with tubercle organisms in the sputum were detected and appropriately dealt with so that they themselves were suitably treated and the risk to the public obviated. Another schoolchild in the same school as the " open " case was found to be infected, although not an " open " case. In this school 145 children and 3 members of the staff had already been mass-miniature X-rayed; 5 more children and 31 staff were X-rayed in the follow-up of school contacts and staff which happily shewed no more to be affected. In all, 136 children were Mantoux tuberculin tested and all the 73 negative cases were offered B.C.G. Vaccination, and all but one accepted (in 1953). This instance alone shews the great value of Mass Miniature Radiography. There is also an indirect value in this service in as much as it stimulates public interest in tuberculosis in a healthy way.

EXAMINATION OF CONTACTS. 195 persons known to be in contact with cases of tuberculosis (either at home or at work) were examined at the Chest Clinic. Of these, 117 were examined for the first time, and all but 11 were under 35 years of age. 12 of these contacts were found to be tuberculous. 398 " contacts," including 121 new ones, attended for Mass Miniature Radiography, but 573 " contacts " failed to keep their appointments.

HOME VISITS. The Tuberculosis Health Visitor, who also attends the Clinic as a clinical nurse, made 1,329 home visits during the year for many purposes, both to patients and their home contacts. They included 82 primary visits to new cases and 230 after-care visits. The Chest Physician made 264 home visits for the examination of cases.

TUBERCULIN TESTING. 330 preliminary tuberculin tests were carried out in cases proposed for B.C.G. Vaccination. 32 tests were done after B.C.G. Vaccination and were all positive.

B.C.G. VACCINATION. 36 persons, including 11 under 1 year of age and 2 over 15 years of age were vaccinated by the Chest Physician using B.C.G. Vaccine. The new born babies were admitted to the Council's residential nursery for this treatment at the expense of the Health Committee. No nurses were immunised.

HEALTH EDUCATION. Appropriate and explanatory leaflets are given to all affected families, and the tuberculosis health visitor spends much of her time in a personal approach to the problem.

EXTRA NOURISHMENT. 40 patients were granted extra nourishment (up to 2 pints of milk a day) for periods of from 2 to 12 months. This is a valuable service.

DIVERSIONAL THERAPY. The British Red Cross Society kindly undertook to give simple training in recreational occupations to ten tuberculous patients on the recommendation of the Chest Physician, and a suitable grant of £1 per case was made by the Council to purchase equipment.

RE-HOUSING. By the end of the year, of 23 families referred during 1952 to the Housing Committee by the Department, 7 were re-housed, 2 had been passed for re-housing, 4 had been refused, 3 referred back for further information, and 6 had not yet been considered by the Committee.

PATHOLOGICAL EXAMINATIONS carried out for the Clinic by the Medical Research Council's Laboratory and the Royal Devon and Exeter Hospital Laboratory numbered 1,437 and included the following (the positive findings are numbered in brackets) :— sputum 731 (147), sputum culture 235 (67), guinea pig inoculations 27 (4), gastric lavage 17 (2), 1 pleural fluid (1), other examinations (E.S.R. etc.) 426.

WAITING TIME FOR ADMISSION TO HOSPITAL. The average waiting time for admission to hospital was about five weeks for men and two months for women.

TRAINING OF STAFF. The tuberculosis health visitor attended a Post-Certificate Refresher Course (one week) for Tuberculosis Health Visitors in London in 1952.

A summary of the work of the Exeter Chest Clinic which is, of course, still mainly engaged in Tuberculosis work, is set out in Table XXXIX. Dr. Boyd, Chest Physician, has kindly given me the details ; most of the work indicated is work carried out for the Exeter Special Hospital Management Committee, but some of it is work carried out for the City Council.

VENEREAL DISEASE.

The clinic in the Royal Devon and Exeter Hospital is the responsibility of the Exeter and Mid-Devon Hospital Management Committee. St. Mary's Home for the treatment of infected unmarried mothers is under the same management.

The local health authority's duties are no longer concerned with diagnosis and treatment. Its principal concern is the medical social work including especially such follow-up work and supervision outside the clinic as may be required—in contact tracing, in securing continuity of treatment to the stage of cure, and in seeing that the children of infected parents are examined in order to find out if they need treatment.

Dr. Dunkerley, who is in charge of the clinic, has kindly told me that during the year 86 letters were sent to patients informing them that they had ceased to attend before they were cured. This resulted in 19 attending for further treatment, 4 replied that they were receiving treatment from their private doctors, 12 replied that they did not desire further treatment here. The Lady Almoner was asked to help with 11 cases. 24 patients attended as contacts through the agency of patients.

During 1952 there were 7 new cases of syphilis and 9 of gonorrhoea from the city attending the hospital centre, and 64 other patients attended for the first time, but were found not to have venereal disease.

ILLNESS GENERALLY.

Prevention. There are no specific efforts directed to the prevention of illness apart from the ordinary environmental and personal health services detailed elsewhere in this report.

Care and After-Care. After-care very largely depends upon adequate transmission of information from the hospitals to the Health Department. This has been very uneven as between the different hospitals. The cross information with the Isolation Hospital, Mental and Orthopaedic Hospitals is especially satisfactory.

The health visitors visit all cases when asked by the almoners to do so and they work together with the general practitioners and this general link up is improving steadily as understanding and appreciation of the usefulness of the health visitors' work increases. The home nursing after-care is more satisfactorily integrated and the arrangements for notifying the home nurses are quite satisfactory. It is in the realm of non-bedside nursing advice that the needs are not yet sufficiently understood. The care of old people by health visitors is increasing steadily. Personal relations between the health visiting staff and the almoners and the general practitioners are quite satisfactory. It may be said in general that the only cases about which the health visitors are consulted are children and old people.

Diabetes after-care. One health visitor is working with the Diabetes Clinic of the acute general hospital and devotes about two sessions weekly to this work. It seems clear that this is an expanding duty and that another nurse will have to take part in this work.

Nursing Equipment Loans. The loan of nursing requisites is carried out by issue from the Exeter Maternity and District Nurses' Home. All issues are free and no abuse of the service nor substantial loss nor breakages have occurred. 1,337 loans were made during the year. During the recent widespread illness in the town (influenza and colds) (early 1953) this service was stretched to its absolute limit although the stock held is considerable.

Old People—laundry. Where old people are incontinent and arrangements for washing the laundry at home cannot be made, the dirty linen is washed at the laundry of one of the hospitals, the cost being charged to the Health Committee. There is no general laundry service for old people.

Health Education. Apart from the day to day contacts of the staff with the public which have always as one of their purposes health education, the following methods are employed: (1) the free issue of "Better Health" monthly, with advertisements of the local health services, and much material about health education of interest to the public : the journal is much appreciated ; (2) the issue of leaflets of topical importance from time to time ; (3) occasional talks by medical officers and other members of the staff to local associations on health topics such as cancer, food hygiene, mental health, etc., and (4) changing exhibits at child welfare centres including the use of " flannelgraphs " and the Central Council for Health Education Exhibition stands ; an exhibit arranged by the Exeter Council for the Prevention of Accidents in conjunction with the Health Department was shewn during safety first week. No leaflets or posters have been specially prepared for use in Exeter. An advertising campaign in regard to immunisation against diphtheria was carried out in November, 1952, but it was felt that it did not produce any great effect. A film strip projector has been purchased and it is hoped to use a few film strips suitable for shewing to the mothers at clinics. The department co-operates from time to time with the British Council in shewing to foreign visitors interested in British Health Services the organisation of the local health service in the city, and discussing the national health service as a whole.

DOMESTIC HELP SERVICE.

(National Health Service Act, 1946. Section 29).

Organisation and Staffing. At the end of the year an Organiser and 36 helpers were employed. Seven of the workers have a guaranteed week of 36 hours and the remainder work part-time as and when required. Joint Industrial Council conditions of service apply. The average age of the workers was 49 years. Staff sickness averaged 12½ days per worker during the year.

" Lost time " (i.e. time for which payment was made, but no work done) was a constant problem until November, 1952. Then the guaranteed week for seven workers was reduced from 50 to 36 hours per week, which made it easier to occupy them on part-time work when there was not sufficient demand for full-time workers.

Cases Helped. During 1952, in all 272 cases were helped. Among the groups of cases helped, simple old age and infirmity took the greatest time—nearly twice as much as did the maternity cases. (See table ~~XX)~~. Tuberculosis cases helped numbered XL four and appropriate precautions were taken in regard to staff employed in these households. 47 applications were withdrawn, and it is felt that many of them were withdrawn because of the charges, but it is not possible to find out how many. The scale of charges was modified during the year, the overall effect being slight.

I feel, personally, that persons with a moderate income find little advantage from the service because the charges to them approximate to those charged under ordinary private arrangements. Domestic help is not scarce in the city, and there is no shortage of applicants for appointment as home help.

TRAINING. There are no arrangements for training of home helps : but their work is satisfactory.

MENTAL HEALTH.

(National Health Service Act, 1946, Sections 28 and 51).

(1) ADMINISTRATION.

(a) *Committee.* The Mental Health Sub-Committee of the Health Committee consisting of seven members of the Local Health Authority and two co-opted members (one of whom is the Medical Superintendent of Digby Hospital) meets quarterly : the Committee has delegated powers.

(b) *Staff.* The Medical Officer of Health is responsible for the administration of the service. The non-medical staff consists of three authorised officers (two men and one woman) who also act as mental health workers. The senior of the three, designated " mental welfare officer " supervises the day to day work of the service and includes in his duties those of petitioning officer under the Mental Deficiency Acts. There is a trained supervisor at the Occupation Centre with two assistants. Efforts, so far unsuccessful, have been made to obtain a psychiatric social worker, jointly with the Digby (Mental) Hospital. The Medical Superintendent of Digby Hospital is always willing to give advice to the mental health workers and this help is much appreciated.

(c) *Co-ordination with hospitals, etc.* There is excellent co-operation with the Devon Mental Hospitals Group : there is no joint user of staff although the Council and the Digby Hospital have jointly tried to secure the services of a psychiatric social worker. The Medical Superintendent of Wonford House and Digby Hospitals and the visiting Psychiatrist of the Royal Devon and Exeter Hospital are available for consultation. In regard to mental defectives, there is close co-operation with the Medical Superintendent of the Royal Western Counties Hospital at Starcross ; he sends me quarterly progress reports on Exeter patients out on licence. The Council's service has not since 1949 supervised patients on licence from hospitals for mental defectives, but would still do so if requested and on a very few urgent occasions recently has done so.

(d) *Voluntary Organisations.* There has been no delegation of duties to voluntary organisations.

(e) *Training.* Authorised officers have previously attended recognised courses of instruction at Universities (Bristol and London). The supervisor of the occupation centre is suitably qualified (having taken the appropriate National Association for Mental Health Course) ; and one assistant has attended a one week course at a University (1952).

(2) COMMUNITY MENTAL HEALTH CARE.

(a) *Under Section* 28, *National Health Service Act,* 1946. *Prevention.* The mental health workers, who are also Duly Authorised Officers, visit patients at their homes, if requested by the private doctor, prior to the necessity for removal, so as to establish friendly relations and dispel any fear of mental hospital treatment. In some cases this type of friendly visitation has resulted in rehabilitation, avoiding certification, and helping to secure voluntary admission, if necessary, later. A number of patients with early mental illness has been brought to the hospital to see the medical superintendent and the hospital surroundings. In eight such cases the patient has decided to stay for voluntary treatment, which otherwise would not have been acceptable.

There is close co-operation with the Ministry of Labour Resettlement Officer ; 19 persons (6 women and 4 men and 5 mentally defective girls and 4 mentally defective boys) have been placed in " selected " employment in 1952.

There are no clubs or therapeutic centres for the mentally ill in the community.

(b) *Duties carried out by Authorised Officers under the Lunacy and Mental Treatment Acts,* 1890—1930. Initial proceedings and conveyance to hospitals are undertaken by the duly authorised officers of the department. In 1952, there were in all, 231 admissions of city patients to mental hospitals. As there were 202 discharges of city cases and 12 died, the number in hospital at the end of the year (319) was slightly greater than at the beginning (302). (See Tables XLI and XLII.)

Social histories are provided for the hospital for all cases admitted. Patients " on trial " from mental hospitals are supervised by the mental health officers. All are supervised on discharge when we are asked by the hospital to do so (this is usually the case in regard to Digby Hospital patients).

The admission rate of voluntary patients continues to be high. 70% of all admissions during the year were without certification—this is a slight increase on the previous year's figures.

Apart from these 231 patients mentioned above, the authorised officers were called upon to investigate a further

81 cases (27 men and 54 women), but no statutory action was necessary. Many, especially the old people, were helped over their temporary difficulties.

Altogether, for all purposes, the Mental Health Workers made 909 domiciliary visits. (See Table XLIII).

The aged. The mentally deteriorating aged are a problem in the city and will remain so until other arrangements can be made to cater for the elderly sick who are suitable neither for a general hospital nor a mental hospital and are unsuitable for hostel accommodation under the Local Authority.

Hospital Psychiatric Out-patients Clinics. There are two out-patient clinics in the city and a follow-up clinic for former mental hospital patients, held weekly at the Royal Devon and Exeter Hospital ; co-operation between these clinics and the local health authority is very good.

(c) *Mental Deficiency Acts* 1913—1938.

(i) *Ascertainment and Supervision.* Ascertainment continues to be satisfactory and derives mainly from notification under the Education Act, 1944, and reports by the police and other sources. During the year, 18 new cases were " ascertained " all of whom were " subject to be dealt with." Supervision is maintained by the Mental Health staff and no difficulties are experienced. The authorised officers and health visitors as mental health workers, made 720 home visits to mental defectives under supervision, and made 389 visits on behalf of the welfare of mental defectives (see tables XLIV, XLV, XLVI).

Persons discharged from Mental Deficiency Orders to residences in Exeter have been given guidance and advice.

The majority of adult defectives under supervision are in employment, but 35 of them are unable to hold a job ; of these 28 (16 men and 12 women) would benefit from training in an industrial centre. There are no proposals at present for such a centre, but sooner or later one will be necessary.

(ii) *Guardianship.* There are only 2 cases under guardianship and none is receiving any financial allowance.

(iii) *Occupation Centre.* There is one Occupation Centre, in an unsuitable building in unsuitable surroundings and without any external playground space. I need say no more. The staff work whole-heartedly and do some excellent work. At the end of the year there were 25 pupils on the register, of whom 23 were under 16, the others being just over that age. It is the Council's policy to reserve the centre for children from 2 to 16 years, and the average age of admission is steadily going down, which is most gratifying. There was an " Open Day " in December when handicrafts, etc., were on sale to parents and friends, and a Christmas Party was held. The public is shewing increasing interest and sympathy with the work of the centre. Parent/Teacher meetings were held in February, May and November. The Health Committee have agreed that better premises are essential.

There is no home teaching of defectives.

There are 161 Exeter mental defectives in hospitals

TABLES.

Table XXI.

ANTE-NATAL CARE

MUNICIPAL ANTE-NATAL AND POST-NATAL CENTRES

No. of sessions held	91
No. of mothers attending	162
Total attendances	631
New cases	72
Post-Natal cas s	59
Referred for treatment :—	
Dental treatment	19
Royal Devon and Exeter Hospital	5
V.D. Clinic	1
Mass Miniature Radiography	1

EXETER MATERNITY AND DISTRICT NURSING ASSOCIATION.
ANTE-NATAL AND POST-NATAL CLINICS.

Cases seen at the ante-natal clinics	531
Attendances at the ante-natal clinics	2,254
Attendances of cases examined by doctor	367
Cases seen at the post-natal clinics	50
Attendances at the post-natal clinics	52
Cases examined by doctor	52

Table XXII.

BLOOD EXAMINATIONS IN PREGNANCY.

(Information from Dr. Stewart Smith, Area Pathologist).

	Clinic.	Private Doctors.
Total number of mothers investigated :	147	623

	Clinic Cases. Results.		Private Doctors' Cases. Results.	
Examination	+	—	+	—
Wassermann	1	143	3	583
Kahn	2	145	2	619
Rhesus	121	26	491	130

Repeat samples for Rhesus anti-body development :
Clinic, 7 Private Doctors, 31 Total — 38.

Table XXIII.

CHILD WELFARE CLINICS

ATTENDANCES

CENTRE.		Average No. of Infants on Books	Average No. of Attendances per Session
Bull Meadow—	Central	255	60
Buddle Lane—	Western	312	62
Bull Meadow—	Northern Area	311	55
Whipton—	North Eastern	328	56
Shakespeare Rd.—	South Eastern	344	59
Countess Wear—		58	30
Toddlers' Clinics.			
Shakespeare Rd.—	South Eastern	44	17
Whipton—	North Eastern	52	16

ATTENDANCES BY AGE GROUPS

Centre	Age Groups					Total
	Under 1	1 to 2	2 to 3	3 to 4	4 to 5	
Bull Meadow (Central)	1,606	598	288	214	178	2,884
Buddle Lane	1,894	465	256	179	165	2,959
Bull Meadow (Northern)	1,844	288	196	221	158	2,707
Whipton	1,574	419	269	300	288	2,850
Shakespeare Road	1,531	496	390	302	411	3,130
Countess Wear	116	14	15	23	25	193
Toddlers' Clinics.						
Shakespeare Road	—	48	30	31	30	139
Whipton	—	43	50	27	44	164
	8,565	2,371	1,494	1,297	1,299	15,026

Table XXIV.

DAY NURSERIES

NURSERY		Buddle Lane.		Burnthouse Lane		Paul Street	
AGE GROUP IN YEARS		1-2	2-5	1-2	2-5	1-2	2-5
Number of Places		15	25	15	25	—	34
Number on rolls beginning 1952		14	33	2	44	—	42
Number on rolls end 1952		11	28	7	35	—	25
Mothers working full-time	At end 1952	11	21	6	28	—	16
Mothers working part-time		—	—	—	5	—	7
Other reasons		—	—	1	—	—	1
Maximum Attendances		16	30	8	34	—	42
Minimum Attendances (excluding Saturdays)		8	16	4	18	—	13

Table VI.

INFANT DEATHS IN 1953

ause of Death.	Total	Neonatal		1st Year		M.	F.	Leg.	Illeg.	Post Mortem Exam. made	Premature	Complications in Pregnancy.	Complications of labour.	Social circumstances unsat'y.	Place in family.									Housing unsatisfactory.
		Under 1 day	*1–28 days	1–3 months	3–12 months										1st.	2nd.	3rd.	4th.	5th.	6th.	7th.	8th. or over	Not known	
ifficult Labour nd Intra-Cranial Haemorrhage	5	—	5	—	—	4	1	5	—	2	—	1	3	—	2	2	—	—	1	—	—	—	—	—
ongenital Abnormality	6	2	3	1	—	4	2	6	—	5	2	2	2	—	1	1	—	2	1	—	—	1	—	1
rematurity nly	12	6	6	—	—	5	7	10	2	2	12	7	1	3	4	1	1	4	—	1	—	—	1	—
ung nfection .	14	2	5	3	4	9	5	13	1	10	7	3	1	1	5	4	1	1	1	—	—	1	1	2
telectasis	4	2	2	—	—	2	2	4	—	3	3	1	1	1	—	1	—	3	—	—	—	—	—	1
astro nteritis ..	2	—	—	1	1	1	1	2	—	2	1	—	—	—	—	—	2	—	—	—	—	—	—	—
hesus ncompatability	1	—	1	—	—	1	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
ccidental ..	1	—	—	—	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
her	3	2	—	—	1	3	—	3	—	3	1	1	—	1	—	3	—	—	—	—	—	—	—	—
Totals	48	14	22	5	7	29	19	45	3	27	26	15	8	6	12	12	5	10	3	1	—	2	3	1

*Over 1 and under 28 days.

Table XXVI.

PROVISION FOR THE UNMARRIED MOTHER AND HER CHILD

(Work carried out by the Social Worker).

New cases	70
Visits paid	1,032
Interviews given	1,216
Cases outstanding from 1951	12
New cases 1952	70
Total cases dealt with	82

How dealt with :—	
Delivery at Home	11
,, ,, Mowbray Hospital	22
,, ,, St. Olave's Home	6
,, ,, Dunmore, Bradninch	2
,, ,, St. Mary's Hospital	2
,, ,, Redhills Hospital	1
,, ,, Tiverton Hospital	1
,, ,, St. Gabriel's Home, Weymouth	3
,, ,, St. Raphael's Home, Bristol	2
Left Exeter	8
Outstanding on 31.12.52	24
Total cases dealt with	82

Affiliation orders obtained	7
Affiliation orders pending	3
Subsequent marriages	3
Referred to V.D. Clinic	3

The fate at the end of 1952 of the 51 illegitimate babies born in 1952 and coming within the Social Worker's ambit is set out below :—

Kept by mothers	24
Adopted	17
Mother married putative father before the birth of the baby	3
Placed in Barnburgh Nursery	2
Placed in Nazareth Home, Yelverton	2
Fostered	1
Not known	1
Died	1
	51

Table XXVII.

WORK OF DOMICILIARY MIDWIVES, 1952.

BOOKINGS.

	Total
No. of cases brought forward on 1st January, 1952	148
No. of cases booked during the year	484
No. of emergency unbooked deliveries	12
No. of cases found not pregnant	3
No. of cases delivered during the year	410
No. of cases of miscarriage of booked patients	11
No. of cases left Exeter before delivery	7
No. of cases admitted to hospital undelivered	40
No. of booked cases subsequently delivered in maternity homes	20
No. of cases remaining on the books on 31st December, 1952	153

WORK DONE.

	Total
Cases attended as midwives	244
Visits paid as midwives	5,204
Cases attended as maternity nurses	166
Visits paid as maternity nurses	3,734
Cases booked during the year	484
Ante-natal visits to patient's homes	1,719
Medical Aid forms sent	37
Midwifery cases transferred to hospital	8

GAS AND AIR ANALGESIA.

	Total
No. of cases where gas and air analgesia given	323
No. of cases where other analgesia given	23
No. of cases where analgesia not given	64
	410

No. of cases where pethidine administered	152
Reasons for non-administration of analgesia :	
Labour too rapid	50
Medical reasons	1
Premature labours	6
Patient refused Analgesia	7
	64

Table XXVIII.

MEDICAL AID FORMS SENT IN 1952.

Reason for calling Medical Aid.	*By E.D.N.A. Midwives*	*By Private Midwives*	*By Hospitals, etc.*
Ante-natal period.			
Threatened miscarriage ..	2	—	—
Raised blood pressure and albuminaria	5	—	—
Gross odema	2	—	—
Acute hydramnios	1	—	—
Threatened premature labour ..	1	—	—
Labour.			
Prolonged second stage ..	1	—	3
Ruptured perineum	7	—	19
Premature labour	1	—	—
Foetal distress	3	—	1
Face presentation	1	—	—
Lacerated labia	—	—	1
Retained placenta	—	—	2
Breech delivery	—	—	1
Puerperium.			
Pyrexia	1	—	2
Flushed breast	1	1	—
Pain and inflammation of leg	3	—	—
Infant.			
Asphyxia	1	—	1
Discharging eyes	1	—	—
Cyanosis	1	—	—
Jaundice	1	—	—
Congenital deformity	1	—	—
Poor condition of infant ..	1	—	2
Prematurity	2	—	—
	37	1	32
TOTAL ..		70	

Table XXIX.

HOME NURSING DURING 1952.

Type of Case	On Books	Sent By				Age Group					M. or F.		Total Visits	Result				
		G.P's	Hosp.	P.H. Dept.	Others	0–1	1–5	5–15	15–65	65 and over	M.	F.		Deaths	Transd to Hosp.	Conval-escent	Remov-ed for other causes	on Books
Degenerative Diseases and Senility :																		
Post-stroke	29	111	2	—	8	—	—	—	20	130	49	101	5,526	45	32	15	36	22
Carcinoma	9	61	5	—	1	—	—	—	32	44	23	53	2,749	35	15	2	13	11
Diabetes	42	22	8	1	13	—	—	—	20	66	26	60	14,374	6	14	3	26	37
Heart Cases	20	121	2	—	8	—	—	—	38	113	61	90	4,940	46	20	18	47	20
Arthritis	16	18	3	1	1	—	—	—	13	26	7	32	1,972	2	7	4	13	13
Other Chronic diseases	34	146	8	2	21	3	2	3	97	106	61	150	5,994	19	25	36	91	40
Ulcers of Legs	21	25	2	—	2	—	—	—	16	34	7	43	3,269	2	10	12	7	19
Simple Senility	32	86	3	4	8	—	—	—	2	131	56	77	8,361	32	23	6	34	38
Tuberculosis :	8	14	—	6	1	—	—	—	24	5	12	17	1,669	2	5	3	13	6
Acute Infections, including Infectious Disease :																		
Influenza	—	14	—	—	—	1	—	—	10	3	4	10	87	1	5	4	1	3
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	1	—	—	—	—	1	—	—	—	1	—	6	—	—	1	—	—
Others	—	9	—	—	—	—	2	—	4	3	2	7	62	—	1	5	1	2
Pneumonia	—	103	—	—	—	5	7	8	52	31	57	46	1,340	5	17	67	8	6
Other acute chest conditions	5	166	—	—	4	11	24	3	69	68	80	95	1,774	4	22	116	27	6
Tonsillitis	—	34	1	—	1	—	1	7	26	2	12	24	206	—	1	32	2	1
Carried Forward	216	931	34	14	68	20	37	21	423	762	458	805	52,329	199	197	324	319	224

Continued on opposite page.

Table XXIX.—*Continued.*

HOME NURSING DURING 1952—*Continued.*

Type of Case	On Books	Sent By				Age Group					M. or F.		Total Visits	Result				
		G.P's	Hosp.	P.H. Dept.	Others	0–1	1–5	5–15	15–65	65 and over	M.	F.		Deaths	Transd. to Hosp.	Conval-escent	Removed for other causes	on Books
Brought Forward	216	931	34	14	68	20	37	21	423	762	458	805	52,329	199	197	324	319	224
Acute Infections—Cont.																		
Other acute infections	6	299	21	2	22	16	31	54	178	71	152	198	3,721	4	18	280	40	8
Ear Infections	2	134	9	1	2	13	49	61	22	3	71	77	1,092	—	2	126	15	5
Maternity and Gynaecological :																		
Infect. midwifery	—	2	4	—	16	—	—	—	22	—	—	22	288	—	—	22	—	—
Breast abscess	—	9	2	—	1	—	—	—	12	—	—	12	131	—	3	9	—	—
Flushed breast	—	11	1	—	—	—	—	—	12	—	—	12	178	—	1	10	1	—
Miscarriages	—	39	1	—	12	—	—	—	52	—	—	52	626	—	8	43	—	—
Changing of Pessaries	1	12	—	—	109	—	—	—	25	97	—	122	174	—	1	2	118	1
Accidents :	9	67	18	—	16	1	16	10	36	47	32	78	2,232	3	15	68	17	7
Others :																		
Post Operation Cases	19	92	111	—	6	8	4	16	140	60	104	124	5,082	6	14	170	23	15
Pre X-ray Treatments	—	23	40	—	1	—	—	—	46	18	22	42	71	—	—	—	64	—
Enemata	1	202	2	1	6	2	8	12	97	93	89	123	456	—	11	114	85	2
Threadworms	—	5	—	1	—	—	3	2	1	—	2	4	27	—	—	5	1	—
Totals	254	1,826	243	19	259	60	148	176	1,066	1,151	930	1,671	66,407	212	270	1,173	683	262

Casual (Non-Nursing) Visits 1,400.

Table XXX.

IMMUNISATION AND VACCINATION DURING 1952.

Smallpox Vaccination.

Smallpox Vaccination figures for the year 1952 were :—

Primary vaccinations	665	By general practitioners	589
		At clinics	76
Revaccinations	209	By general practitioners	205
		At clinics	4

Age Groups of persons Vaccinated during 1952.

	Under 1	1 to 4	5 to 14	15 and over	Totals
Primary	538	40	20	67	665
Re-vaccinations	1	7	21	180	209

Live births in 1952 numbered 1,101.

Diphtheria Immunisation.

The figures for Diphtheria Immunisation for 1952 were :—

Primary Courses of Immunisation	1,019	By private practitioners	584
		At clinics	435

(Including 196 combined Diphtheria—Whooping Cough immunisation courses).

Re-inforcement Injection	1,709	By private practitioners	309
		At clinics	1,400

Of the 1,019 primary immunisations 872 refer to children under the age of 5 years, and 322 to children under the age of 1 year. More children are taken to general practitioners for primary immunisation now than to clinics, but the vast majority of reinforcement injections are done at the clinics.

Diphtheria Immunisation in relation to Child Population.

(Including children who have had combined whooping cough—diphtheria immunisation).

Age at 31.12.52	Under 1	1	2	3	4	5—9	10—14	Total under 15
i.e.—Born in Year	—	1951	1950	1949	1948	1943-47	1938-42	
Number Immunised by end of 1952	322	354	812	875	1,042	4,633	4,051	12,089

WHOOPING-COUGH IMMUNISATION.

Courses completed :—	
By private practitioners	21
At Clinics	46

COMBINED WHOOPING-COUGH—DIPHTHERIA IMMUNISATION.

By private practitioners	132
At clinics	64

IMMUNISATION AGAINST WHOOPING-COUGH BY AGE.

(Including also combined whooping cough—diphtheria immunisation).

AGE AT 31.12.52	Under 1	1	2	3	4	5	Total
I.E.—BORN IN YEAR	1952	1951	1950	1949	1948	1947	
Number Immunised by end of 1952	31	150	24	18	13	27	263

Table XXXI.

AMBULANCE SERVICE DURING 1952.

RETURN SHEWING CLASSES OF WORK DONE BY EXETER (ST. JOHN) AMBULANCE SERVICE.

DISTRIBUTION.	AMBULANCES.		CARS.	
	Patients	*Miles*	*Patients*	*Miles*
Indoor Accidents	123	319	42	121
Outdoor Accidents	353	1,072	98	275
Acute Illnesses	369	1,093	99	338
Home to Hospital	1,728	7,651	1,652	6,587
Hospital to Home	1,217	4,552	2,028	8,356
Hospital to Hospital	1,915	9,192	322	1,421
Maternity	209	969	423	2,202
Mental	44	365	72	939
Miscellaneous	430	1,751	649	2,466
*Administration (journeys) ..	377	815	329	563
*Abortive (journeys)	119	297	108	286
†From adopted Area to City ..	306	2,493	170	1,519
†From City to adopted Area ..	115	2,142	185	3,145
†From City to County	945	26,961	227	6,761
Work for other Counties	64	2,445	79	2,352
*Civil Defence Corps Training ..	92	1,837	—	—
Removals by Taxi	—	—	2	414
TOTALS ..	8,406	63,954	6,485	37,745

*As no patients are conveyed on these journeys they do not appear in table XXXII.

†Work undertaken on behalf of Devon County Council.

Education Committee journeys by car and light ambulance (getting crippled children to school, etc.), included in "Miscellaneous" above :— 295 journeys, 1,237 miles.

INFECTIOUS DISEASE REMOVALS.

1,155 patients, 11,759 miles (including 158 patients, 6,395 miles on behalf of other areas).

Table XXXII.

AMBULANCE SERVICE.

WORK DURING YEAR 1952, BY MONTHS.

Month	Infectious Disease Ambulances* (including tuberculosis).			St. John Ambulance Association.								Hospital Car Service		Accidents (Included in Cols. 2 and 3)		Patients escorted by S.J.A.B. (vol.) Personnel	
				Ambulances *			Cars.*			Trains.*							
	Patients.	Journeys.	Mileage	Patients.	Journeys.	Mileage	Patients.	Journeys.	Mileage	Patients.	Mileage	Patients.	Mileage	(a)	(b)	Road	Rail
January	110	73	1,466	533	439	5,336	689	541	3,582	20	2,126	718	2,863	11	35	112	17
February	87	59	969	546	443	5,602	487	408	2,722	18	1,611	658	2,993	19	27	106	13
March	117	81	999	541	423	4,742	622	475	3,169	15	1,548	821	3,463	20	37	115	7
April	109	60	726	601	476	4,669	436	355	2,848	4	472	650	2,895	15	41	105	4
May	90	61	1,025	663	476	5,914	652	502	3,807	13	1,686	722	3,668	15	49	89	9
June	74	49	874	553	409	4,884	598	445	3,789	11	1,572	758	3,273	7	46	92	1
July	136	76	1,137	721	513	4,874	562	381	3,081	27	3,580	1,007	5,017	13	49	114	14
August	97	61	1,221	640	432	4,059	361	298	3,026	18	2,516	890	4,458	18	33	108	11
September	94	53	802	733	419	4,319	361	293	2,248	18	2,181	867	4,001	10	37	121	13
October	108	71	963	801	481	5,535	421	347	2,802	28	3,237	1,109	4,308	14	39	136	12
November	60	44	808	760	506	5,000	425	317	3,035	20	1,936	1,223	4,093	11	29	97	14
December	73	54	769	726	500	6,071	434	329	2,787	15	1,689	973	3,506	12	29	110	14
Totals	1,155	742	11,759	7,818	5,517	61,005	6,048	4,691	36,896	207	24,154	10,396	44,538	165	451	1,305	132

*Include cases as shewn in Table XXXI.

Table XXXIII.

TUBERCULOSIS STATISTICS FOR THE CITY.

Total cases on Register, 1st January, 1952 :		
Pulmonary	416	
Non-Pulmonary	77	493
Total notifications received after deduction of 6 duplicates :		
Pulmonary	95	
Non-Pulmonary	16	111
Inward transfers and cases previously " lost sight of " which returned to the Clinic during the year :		
Pulmonary	59	
Non-Pulmonary	8	67
Outward transfers :		
Pulmonary	35	
Non-Pulmonary	5	40
Deaths during the year from Tuberculosis :		
Pulmonary	19	
Non-Pulmonary	2*	21
Deaths during the year of Tuberculosis patients from other causes :		
Pulmonary	3	
Non-Pulmonary	1	4
Number of cases removed from Register as " Recovered " or " Mistaken Diagnosis " :		
Pulmonary	22	
Non-Pulmonary	6	28
Taken off the Register (lost sight of) :		
Pulmonary	2	
Non-Pulmonary	1	3
Total cases on Register, 31st December, 1952 :		
Pulmonary	487	
Non-Pulmonary	88	575

*Both of these patients were known to the Clinic as *Pulmonary* Cases.

Table XXXIV.

CASES ON TUBERCULOSIS REGISTER (31ST DECEMBER, 1952).

AGE GROUP.	RESPIRATORY	NON-RESPIRATORY						
		Neck glands	Genito-urinary	Spine	Other bones and Joints	Ab-dominal	Meninges	Lupus. Mastoid
MALE								
0–5	4	—	—	—	—	—	—	—
5–15	20	5	—	—	3	2	—	—
15–25	63	4	—	1	3	2	—	—
25–35	72	1	3	2	2	—	—	—
35–45	50	—	2	2	—	—	—	—
45–65	69	—	—	1	1	1	—	—
65 & Over	7	—	—	—	—	1	—	—
Total Male	285	10	5	6	9	6	—	—
FEMALE								
0–5	1	1	—	—	—	—	—	—
5–15	12	2	—	—	2	1	—	1
15–25	53	7	1	—	2	3	—	—
25–35	74	5	4	1	4	2	1	—
35–45	30	1	1	1	3	—	—	—
45–65	26	3	1	—	2	—	—	1
65 & Over	6	—	1	1	—	—	—	—
Total Female	202	19	8	3	13	6	1	2

GRAND TOTAL, MALE AND FEMALE — 575

Table XXXV.

TABLE SHOWING THE MORTALITY IN EXETER FROM TUBERCULOSIS DURING THE PAST 10 YEARS.

Year	DEATHS.			DEATH RATE. PER 1,000 POPULATION			DEATHS OF CHILDREN UNDER 5.
	Pulmonary	Non-Pulmonary	Total	Pulmonary	Non-Pulmonary	Total	
1943	44	11	55	0.64	0.16	0.80	2
1944	47	7	54	0.68	0.1	0.78	1
1945	42	10	52	0.62	0.14	0.76	—
1946	33	10	43	0.45	0.14	0.59	—
1947	35	4	39	0.47	0.05	0.52	1
1948	31	4	35	0.41	0.05	0.46	—
1949	32	8	40	0.42	0.1	0.52	1
1950	32	2	34	0.41	0.03	0.44	—
1951	14	5	19	0.18	0.07	0.25	—
1952	19	2	21	0.25	0.03	0.27	—

Table XXXVI.

NOTIFICATIONS OF NEW CASES OF TUBERCULOSIS DURING 1952. ARRANGED ACCORDING TO AGE.

AGE AT NOTIFICATION	NEW CASES (111)			
	Pulmonary.		Non-Pulmonary.	
	Male.	Female.	Male.	Female.
0	—	—	—	—
1	—	—	—	—
2	2	1	—	1
5	6	1	1	1
10	2	1	1	—
15	7	5	1	—
20	9	5	1	—
25	9	9	2	3
35	8	4	—	3
45	7	5	—	1
55	5	—	—	—
65	5	1	—	1
75 and over	3	—	—	—
Totals	63	32	6	10

111

Table XXXVII.

DEATHS FROM TUBERCULOSIS DURING 1952, ARRANGED ACCORDING TO AGE.

AGE AT DEATH.	DEATHS.			
	Pulmonary.		Non-Pulmonary.	
	Male.	Female.	Male.	Female.
0	—	—	—	—
1	—	—	—	—
2	—	—	—	—
5	—	—	—	—
10	—	—	—	—
15	—	—	—	—
20	—	—	1	—
25	—	2	—	—
35	2	—	1	—
45	2	1	—	—
55	2	—	—	—
65	5	1	—	—
75 and over	3	1	—	—
Totals	14	5	2	—

NOTES :

(a) Both of the patients dying from Non-Pulmonary Tuberculosis were also notified cases of Pulmonary Tuberculosis.

(b) In addition to the above, **4** Chest Clinic Patients (**3** Pulmonary and 1 Non-Pulmonary) died from causes other than Tuberculosis.

Table XXXVIII.

Mass Radiography Unit Surveys, 1952.

	Male.	Female.	Total.	Cases referred to Chest Clinic
Number examined :— In May survey	3,011	2,544	5,555	24
In October survey	2,096	2,002	4,098	15
Total	5,107	4,546	9,653	39

Cases examined at Chest Clinic on reference from Mass Radiography Unit during 1952, with findings.

	Age in Years.							Total
	Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
Male	1	11	4	2	2	2	1	23
Female	1	6	2	1	3	2	1	16
Totals	2	17	6	3	5	4	2	39

Of the 39 cases referred, 18 were proved as Tuberculous, as follows :—

		Age in Years							Total
		Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
Male	Positive Sputum	—	2	—	2	—	1	—	5
	Negative Sputum	—	2	2	—	—	—	—	4
Female	Positive Sputum	—	4	1	1	1	2	—	9
	Negative Sputum	—	—	—	—	—	—	—	—
Totals		—	8	3	3	1	3	—	18

Of the remaining 21 cases, 13 are being kept under observation and 8 have been taken off the Books as not suffering from active Pulmonary Tuberculosis, or have been referred to other Clinics for further investigation.

Table XXXIX.

EXETER CHEST CLINIC.

	1949	1950	1951	1952	
1. No. of new cases diagnosed as suffering from Tuberculosis	58	95	108	111	
2. No. of new patients examined during year and found NOT to be suffering from Tuberculosis	332	347	468	692	
3. No. of old contacts examined during year ...	339	393	491	78	*see 12
4. No. of new contacts examined during the year	154	213	308	117	*see 13.
5. Re-attendances of Tuberculosis patients already known	1,065	930	950	1,034	
6. No. of Inward Transfers received during the year	43	65	60	66	
7. No. of B.C.G. Vaccinations carried out during the year	—	26	104	48	
8. No. of X-Ray Films taken during year	1,159	1,403	1,738	1,642	
9. No. of Screenings made during year	895	1,166	1,462	1,380	
10. No. of Refills given during year	619	1,099	1,453	1,099	
11. No. of Pathological Examinations made during year	—	623	1,229	1,437	
12. No. of old contacts referred to the Mass Radiography Unit during year	—	—	—	277	124 failed to attend.
13. No. of new contacts referred to the Mass Radiography Unit during year	—	—	—	121	449 failed to attend.

Table XL.

DOMESTIC HELP SERVICE.

Summary of work undertaken :

	No. of cases helped.		*No. of hours worked.*	
	Full-time.	*Part-time.*	*Full-time.*	*Part-time.*
MATERNITY.				
(a) Confinement	51	29	7,717½	2,007½
(b) Ante-natal	—	6	516½	959
ACUTE ILLNESS.				
(a) Under pension age	14	35	4,951	3,214½
(b) Over pension age	4	10	1,159	1,019½
CHRONIC SICKNESS.				
(a) Under pension age	4	32	374	2,511
(b) Over pension age	4	26	641	1,722
OLD AGE AND INFIRMITY	—	55	373	5,867½
MENTAL DEFECTIVES	—	—	—	—
OTHERS	—	2	—	1,224
Totals	77	195	15,732	18,525
	272		34,257	

MENTAL HEALTH SERVICES.

Table XLI.

Table shewing admissions of persons suffering from mental illness to hospitals during 1952, through Authorised Officers :—

Health Service Class.	*Male*	*Female*	*Total*
(1) Voluntary	55	73	128
(2) Temporary	—	3	3
†(3) Section 20	18	35	53*
(4) Certified	15	31	46
TOTALS ..	88	142	230

*1 remaining from 1951.

†The 54 Section 20 cases subsequently became :—

Type of Patient.	*Male*	*Female*	*Total*
(1) Voluntary	9	24	33
(2) Temporary	—	1	1
(3) Certified	4	5	9
(4) Discharged home	4	6	10
(5) Remaining	—	1	1
TOTALS ..	17	37	54

Table XLII.

EXETER RESIDENTS SUFFERING FROM MENTAL ILLNESS IN HOSPITALS DURING THE YEAR 1952, TOGETHER WITH ADMISSIONS AND DISCHARGES.

(In this table every admission and discharge is counted. Some patients have been admitted and/or discharged more than once during the year).

AGE GROUP. (Years).	*State at 1st Jan., 1952. (In hospital).* *				*Admissions.* *				*Discharges.* *				*Deaths.* *				*Remaining in Hospital on 31st Dec., 1952.* *			
	(1).	(2).	(3).	(4).	(1).	(2).	(3).	(4).	(1).	(2).	(3).	(4).	(1).	(2).	(3).	(4).	(1).	(2).	(3).	(4).
0–14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15–44.																				
Male	16	—	33	—	31	—	8	8	33	—	2	8	—	—	1	—	15	—	33	—
Female	15	—	23	1	25	2	7	13	31	2	1	14	—	—	1	—	8	—	22	—
45–64.																				
Male	14	—	30	—	13	—	2	4	11	—	2	3	1	—	—	—	14	—	32	—
Female ...	9	1	67	—	29	1	5	12	28	1	1	11	—	—	1	—	11	—	73	1
65 and over.																				
Male	8	1	18	—	11	—	5	6	9	1	1	7	—	—	—	—	11	—	24	—
Female	20	—	45	1	19	—	19	10	17	1	7	11	2	—	6	—	21	—	53	—
TOTALS	82	2	216	2	128	3	46	53	129	5	14	54	3	—	9	—	80	—	237	1
	302																318			

*Figures in brackets denote : (1) Voluntary ; (2) Temporary ; (3) Certified ; (4) Section 20.

Table XLIII.

TABLE SHEWING MENTAL HEALTH WORKERS HOME VISITS TO MENTALLY ILL PERSONS DURING 1952.

Type of Visit.	*Male*	*Female*	*Total*
(1) Upon discharge from hospital or Forces	112	117	229
(2) Prior to and after removal of case	288	311	599
(3) No statutory action necessary	27	54	81
TOTALS ..	427	482	909

Table XLIV.

ASCERTAINMENT OF MENTAL DEFECTIVES DURING 1952 :—

How Reported.	*Male*	*Female*	*Total*
By Local Education Authority under Section 57(3) of 1944 Education Act	3	4	7
By Local Education Authority under Section 57(5) of 1944 Education Act, on leaving school	1	6	7
Reported by Police Courts ..	1	—	1
Other Sources	—	3	3
TOTALS ..	5	13	18

6 of the 7 children reported under Section 57(3) of the 1944 Education Act, 1944 being regarded as " ineducable " commenced at the Occupation Centre during 1952.

DISPOSAL OF 18 CASES " ASCERTAINED " DURING 1952 :—

How dealt with	*Male*	*Female*	*Total*
(1) Placed under Statutory Supervision	4	10	14
(2) Admitted to Institutions ..	1	3	4
TOTALS ..	5	13	18

At the end of the year there were 5 cases (3 males and 2 females) awaiting urgent admission to Institutions.

Table XLV.

TABLE SHEWING MENTAL HEALTH WORKERS' HOME VISITS TO MENTALLY DEFECTIVE PERSONS DURING 1952.

	Visits to children under 16 years of age.		*Visits to Persons over 16 years of age.*		
	Male	*Female*	*Male*	*Female*	*Totals.*
Type of Case and reason for visit :					
Voluntary Supervision	—	—	61	21	82
Statutory Supervision	12	26	205	228	471
Guardianship	—	—	12	2	14
Review Reports	—	—	29	32	61
Holiday Reports	—	—	30	4	34
	12	26	337	287	662
Voluntary Supervision by Health Visitors	—	—	—	58	58
TOTALS	12	26	337	345	720

In addition to the 662 visits made to the mental defectives' homes, 389 visits were made to various organisations, juvenile courts, employment exchanges, National Assistance Board offices, etc., on behalf of mental defectives.

Table XLVI.

TABLE OF MENTAL DEFECTIVES UNDER SUPERVISION AT 31ST DECEMBER, 1952.

	STATUTORY SUPERVISION.			VOLUNTARY SUPERVISION.		
AGE GROUP.	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
Under 16 years	17	13	30	—	—	—
Over 16 years	43	50	93	21	23	44
TOTALS	60	63	123	21	23	44

TABLE OF MENTAL DEFECTIVES FROM EXETER IN HOSPITALS AT THE 31ST DECEMBER, 1952.

	MALE.		FEMALE.		TOTAL.	
NAME OF HOSPITAL.	*Under* 16	*Over* 16	*Under* 16	*Over* 16	*Under* 16	*Over* 16
Royal Western Counties	4	72	1	51	5	123
Rampton Hospital	—	4	—	3	—	7
Other Hospitals	5	10	—	11	5	21
TOTALS	9	86	1	65	10	151

APPENDIX.

CHILD NEGLECT.

Co-ordinating Officer. After considering the Joint Circular of 31st July, 1950, the Exeter City Council decided that the Medical Officer of Health should be the co-ordinating officer in respect of work undertaken in the city by official and voluntary bodies on behalf of children believed to be neglected or ill-treated at home.

Constitution of Committee. The following officers were invited to form a committee as recommended in the circular and all agreed to serve—Medical Officer of Health, Deputy Medical Officer of Health, Children's Officer, School Enquiry Officer (representing the Director of Education), Chief Welfare Officer, Superintendent Health Visitor, Deputy Housing Manager (representing the Housing Manager), Inspector N.S.P.C.C., Secretary of the Exeter Council of Social Service.

Since then, the Hospital Almoner of the main acute hospital of the area and the Moral Welfare Case Worker have been added. Also, the Probation Officer, and the Educational Psychologist, (representing the Child Guidance Centre), attend if any cases with which they are familiar are being discussed. The child psychiatrist and the local chief officer of the National Assistance Board have also attended on a few occasions.

Procedure. The committee is convened monthly, on a fixed day, by the Medical Officer of Health who acts as chairman, and one of his clerical staff takes the notes. In his absence his deputy acts as chairman.

The meetings last about an hour and a half ; and three or four cases, including the new ones, are dealt with in considerable detail ; as well, up to say half a dozen more, which are brought forward at various intervals in accordance with previous decisions, are the subject of brief review or progress reports. A preliminary list of the cases to be discussed is sent out with the notice of the meeting. Most of the members attend very regularly and if, for any reason, one or two are unable to come their presence is usually much missed. Apologies are always sent in the event of non-attendance, a token of the importance of the meetings to the members.

Certain Principles adopted. It was agreed at the outset :

(1) That the cases to be dealt with should be limited in number to what seemed practicable.

(2) That the work of the committee should not be advertised to the public at large.

(3) That the number of visitors dealing with any individual case should be kept as small as possible.

(4) That if an officer was already substantially concerned with a case, so far as practicable the case would be left within his care unless it seemed demonstrably desirable that some other officer should also be concerned.

CONSTITUTION OF COMMITTEE. I consider our committee is large but it is rare for a meeting to pass by without most of the members contributing something of value and we have felt unable to make it smaller, but it should not be larger.

REFERENCE OF CASES. Cases are referred from various sources, but since it has been agreed that no advertisement to the public of the committee's work should be made, it is natural that the cases are almost all brought to our notice by members ; in fact, they have been referred mainly by the Health and School Health Departments, and to a less extent by the Welfare Officer, Children's Officer and the others. Some are referred by the teachers usually through the School Health Department. The N.S.P.C.C. Inspector has referred three cases. Undoubtedly, the cases of physical cruelty as distinct from neglect come within his purview and many of our cases have already been known to the Inspector.

It must be clear, therefore, that the cases dealt with by our committee do not represent by any means the total amount of child suffering due to cruelty or neglect in our city.

POOLING OF INFORMATION. Information has been given freely by all concerned and, as a rule, each case has already been known to a considerable proportion of the committee. On the other hand, where information has been given in a highly confidential way to any officer, unless it has had immediate relevance it has not been proferred to the committee so it cannot be said that there is a complete pooling, without any mental reservations, of all the information in fact available about any family. This is an important issue which merits some attention, but we feel that the attitude described here is the right one.

VISITORS. The number of health and welfare visitors to any one family cannot always be limited to one person, as some officers have statutory obligations in certain circumstances, for example, the Probation Officer, Duly Authorised Officer, etc.

CASES. Since the committee commenced in November 1950, 43 families have been dealt with up to June 1953. As the cases appear to improve, the time intervals between re-consideration lengthens until at last it is considered safe to discontinue formal reconsideration : even then, unless the circumstances change completely in any family, we consider it desirable to regard the case as satisfactorily quiescent (so to speak) rather than written off. One prosecution (with conviction) has occurred among the cases we have been concerned with ; we did not initiate it.

Illegitimacy was known in 4 families (12 children).

13 families were receiving national assistance at the time they came to our notice.

Only in one of the children brought to the committee's notice has there been any evidence of physical cruelty and then only of a minor degree, but we have had referred to us one child who was subject to considerable mental cruelty, the father being psychopathic. Recklessly and persistently leaving children alone in the home at night has loomed large in 2 of our cases. Two children have been regarded as in moral danger, but practically all have been referred on account of general neglect, unhappiness, dirtiness, malnutrition, living in a completely comfortless way, not usually due to malice, but due to fecklessness, laziness, subnormal intelligence, mental disorders, drink and other factors, as a rule involving the whole family, and already well recognised.

Drink has been a substantial factor in causing unnecessary suffering in only two cases. We feel that the mother without a husband (usually widowed or divorced) with a family is in great difficulties and this has seemed to us prominent in our cases. She is overwhelmed by fate. We are sometimes surprised that more women do not give way under the strain so imposed. Very large families (8 and over) have been unusual and we have only four in our series. Mental ill health (6) instances in the parents has been quite marked ; sub-normal intelligence in parents (2) and children (6) has not been rare ; some of the parents having been known to our Senior Assistant School Medical Officer from childhood days as something of a problem. Some of the neglected children were already known to the Child Guidance Centre team (4 families—3 of these families being additional to those discussed before in this paragraph).

8 children (in 4 families) had been " taken into care " before the committee discussed the cases, and a further 7 children (2 families) in families who had been the subject of discussions in our committee were " taken into care " ; 2 of these children returned home later.

Mental cruelty is very hard to define and whilst it cannot be denied that mental cruelty occurs, it is frequently due to a disturbance with anxiety in the parents rather than to malice. I think it is desirable to limit the term " cruelty " to imply " malice." The wide interpretation which can be given to the idea of mental cruelty (as is I think implied in the recently published and valuable pamphlet on neglected children issued by the National Association of Children's Officers) may lead, in non-medical persons to dangerous conclusions. Some suffering both physical and mental in children is, I believe, quite inevitable and may indeed be necessary as part of their experience and so long as it is not long continued probably does little harm. Child Guidance has helped some of the children referred to us, not only directly, but also by helping the parents.

PROBLEMS.

RENT ARREARS. One of the problems which early presented itself was the family heading for eviction, in which all of the children were to some degree neglected. It was found that the mothers had little or no idea of the way of budgeting. It was agreed that the Secretary of the Council of Social Service, who is a whole-time officer of that voluntary body, should undertake the duty of advising the mothers in these cases with a view to helping them to save money to pay off the debts. In one case, a mother with seven children at home was receiving only £4 a week from her husband. Many wives do not know their husband's earnings and some do not even know the exact nature of their jobs. She has found, however, that the root of the problem has been much more in the matrimonial relationships than in simple ignorance of the economics of the household. So far as Council tenants were concerned, we made very strong representations to the Housing Committee about the inadvisability of ejecting families whom we were trying to help and we gratefully acknowledge the Committee's helpfulness: so far none have been evicted; arrangements were made through the Housing Committee that where eviction seemed to be the probable end of the family's way of life, the case should be referred either to the committee or direct to the Secretary of the Exeter Council of Social Service (Mrs. H. L. Slater) who has, in fact, done a great deal of work in advising the mother, and the husband, in some cases persuading him to take the responsibility of paying the rent direct and thus taking it off the shoulders of the wife ; this has enabled a number of families to clear off old debts and to face the future with confidence, with demonstrable improvement in the welfare of the children. Mrs. Slater is getting such references earlier and earlier with greater hope of success. She has experienced no substantial difficulties in getting the goodwill of the families concerned, spending the first two or three weeks achieving the appropriate relationship on which constructive social work could later be attempted.

One factor which has come to light is the occasional practice of employers keeping back the first week's wages so that wages are paid for the first week of employment in the second week, the second week's in the third week and so on. This might not matter in a household where prudence has been a strong virtue, but does matter in these shiftless homes. Sometimes when the National Assistance Board have included rental allowances, the rent has not, in fact, been paid, but now the local office in these doubtful cases makes a smaller allowance, which is brought up to the full allowance for the family when evidence that the rent has been paid has been produced.

Housing. Another thing that quickly became evident was that many families in difficulties were living in bad housing conditions and their own neglect added to the problem. Eight applications to the Housing Department of the City Council on behalf of these families were made and of these families five have been rehoused. Rehousing has helped some families very much and the help of the housing committee has been much valued.

I think the idea of up-grading these families so far as housing is concerned through intermediate qualities of house to the ordinary council standard is a good one, but its success would depend on the quality of social work undertaken for the families. The reputation of the parents (moral and otherwise) is often naturally, though I think unwisely, loaded very heavily against the family causing the children to continue in a hopeless environment. On the other hand, our committee must beware lest they become a means of furthering unfairly the claims to better housing of unsatisfactory tenants.

Home Help. The Council have made home help available free for short periods at the discretion of the Medical Officer of Health for these families. It has been offered three times and refused in two instances, despite repeated efforts by the health visitors to have it accepted ; in the one case it proved very useful.

One subject which has occurred to us as worthy of enquiry is ~~to~~ how far the early stage of married life being lived in a home with " in-laws " has induced an unfavourable state of mind for home building. Married persons should settle down in their own homes before and not after the babies arrive, but at the present time this is often not possible. Hostility between families sharing a home, even when related, or perhaps even more because related, have been evident to us on a number of occasions, outside the question of known child neglect.

We have virtually " closed " 25 of our 43 cases with the reservation that no case is definitely written off ; viz. : 10 as much improved, 9 as not likely to derive further improvement from our efforts, 5 as not really coming within our scope and 1 moved out of the district. We do not regard any case as hopeless, but the results are rarely dramatic and years must elapse before the final results of our effort can be assessed.

It is worth emphasising that the Council of Social Service is prepared through friends to make financial gifts, too, to distressed families ; in one case £20 was allowed with demonstrable benefit and I think a store of goods, bedding, clothing, etc. should be established, the disposal of which, by our committee on behalf of these families would, undoubtedly, give our social-medical workers a favourable position to influence the homes. But although help from outside is essential at the beginning, in the long run, parents must help themselves.

All members, of the committee, and not least, the N.S.P.C.C. Inspector, feel that the committee has done most useful work—first, the visitation of these neglected children and their families has been carried out by as few visitors as possible ; second, a great many of the mothers have come to look on the visitor concerned as a friend ; thirdly, the budgeting and economic management of the household have been greatly improved in many homes and, last, there has been substantial improvement in many of the cases.

If the health visitors are to do this work, and they are in the best position to do it, consideration will have to be given to training in this type of work, and their general case load must be adjusted as it is so time consuming.

The great existing sources of information about children neglected or ill-treated at home are the health and school health services, the school teachers, and the National Society for the Prevention of Cruelty to Children.

The success of the Mayflower Home (Plymouth) run by the Salvation Army for the rehabilitation of neglectful mothers (in which, however, the quasi-compulsory residence of the mother with her children in the home is important) the ultimate result usually being enormous improvement in the life and care of the family, and the success of the family service units in which the personnel, mainly I believe, Quakers, themselves " buckle to " in the home and clean it up, and personally help the mother in many ways, in different parts of the country convince me that for the most part kindness and good will backed by reasonable firmness is the essential. Of course it is certain that real physical cruelty to children must be dealt with firmly ; this is obvious. The deliberate and persistent mental cruelty which implies, I think, extraordinary malice or mental disorder in the parents is a difficult matter, because the parents must be dealt with, medically or otherwise, if the child is to be saved within its home. But persistent cruelty—physical or mental—must be prevented, if we can, even if it means removing the child from the home.

It seems to me that it would be valuable if magistrates generally would consider more often in proved cases of neglect, the sending of the whole family, apart from the husband, to a home such as the Mayflower. I need not here go into the legal technicalities.

By and large the amount of serious cruelty to children by neglect is extremely small, and even then, much of what there is, is due not so much to malice as to ill-health, ill-housing, and ignorance. But to say this is not to deny that in some cases the parents must shoulder a heavy burden of responsibility for laziness, indifference, and even wickedness.

June 1953.